# Department of Veterans Affairs

# Capital Asset Realignment for Enhanced Services


## VISN 4

## Market Plans

## Attention

The VISNs developed the initial CARES Market plans under direction from the National CARES Program Office (NCPO). After these were submitted by the VISN, they were utilized as the basis for the National CARES Plan. However, the CARES National Plan includes policy decisions and plans made at the National Level which differ from the detailed Network Market Plans. Therefore, some National policy decisions that are in the National Plan are not reflected in the Network Market Plans. These initial VISN Market Plans have detailed narratives and data at the VISN, Market and Facility level and are available on the National CARES Internet Site : <<http://www.va.gov/CARES/>>.

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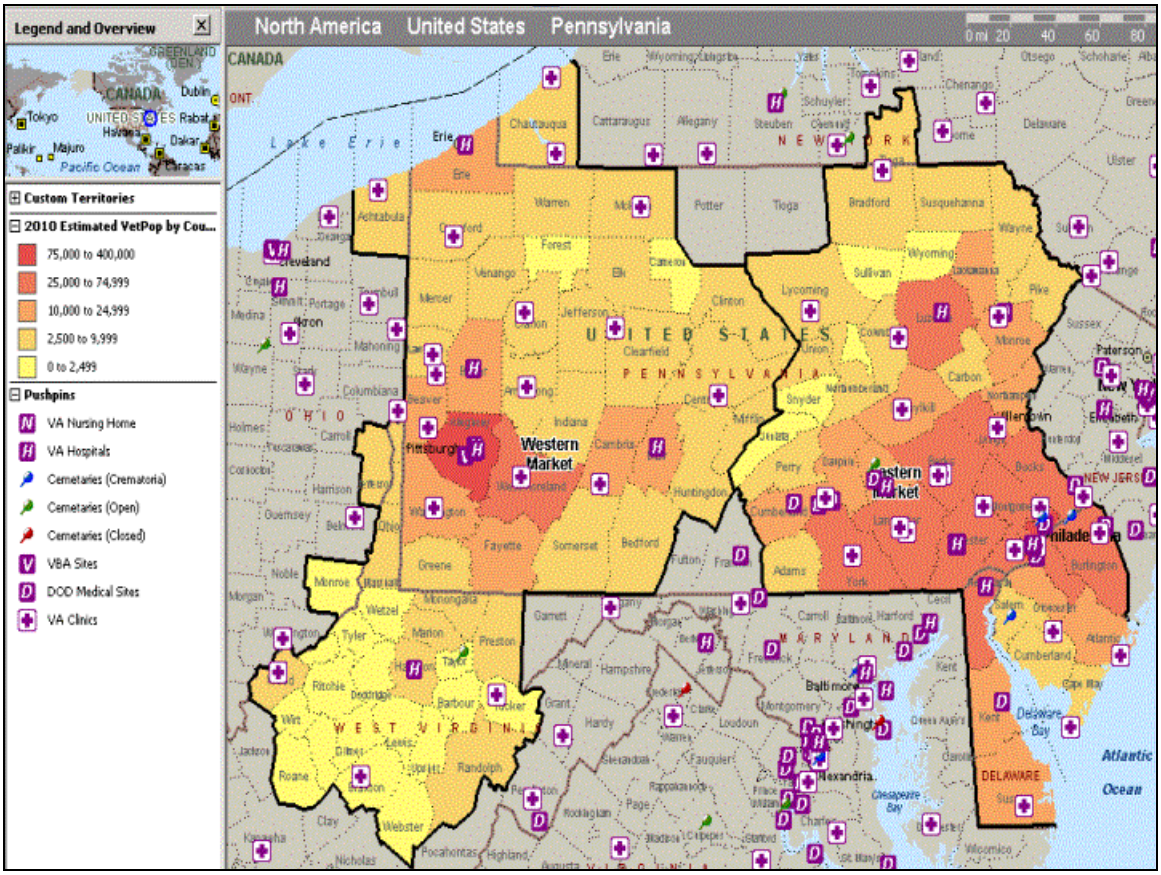
# I. VISN Level Information

## A. Description of the Network/Market/Facilities

### 1. Map of VISN Markets



## 2. Market Definitions

**Market Designation:** The VA Stars and Stripes Healthcare Network (VISN) 4 is proposing two CARES markets and one sub-market as follows:

| Market | Includes | Rationale | Shared Counties |
|---|---|---|---|
| **Eastern Market**<br><br>**Code: 4A** | 33 counties in eastern Pennsylvania, 7 counties in New Jersey, 3 counties in Delaware and 1 county in New York<br>44 Total Counties<br><br><u>1 Sub-market:</u><br>4A-1 Eastern Central | One of two hub and spoke configurations in this VISN that reflect service areas and their associated referral patterns. Areas of coverage by current VA health care resources, particularly the 20-mile radius access boundaries for primary care, matched the distinct break between the Eastern and Western Markets as defined. Analysis of primary care access indicates that the eastern hub and spoke areas are 99% compliant with recommended guidelines. Inpatient guidelines are met at about 80%.<br><br>**Facilities**: Philadelphia, Wilmington, Coatesville, Lebanon and Wilkes-Barre | No shared markets - 17.4% of NJ Mercer County relies on Philadelphia and an additional 5.4% from Coatesville, with the remaining 77.2% balance referring to VISN 3 facilities. NJ Ocean County's vetpop used 11.2% from Philadelphia with the remaining 88.8% remaining within the confines of VISN 3. Likewise, NJ Warren County shared 22.5% of their vetpop with Wilkes-Barre, with the remaining 77.5% being handled within VISN 3. |
| **Eastern Central Sub Market**<br><br>**Code: 4A-1** | 28 counties in northeastern Pennsylvania and 1 in New York<br>29 Total Counties | The sub-market is defined by relatively high utilization of the central network facilities with a relatively low rate of utilization of the eastern hub by veterans in those associated counties. Detailed information about this sub-market is expected to be helpful for detailed planning.<br><br>**Facilities**: Wilkes-Barre, Lebanon | No shared markets. |
| **Western Market**<br><br>**Code: 4B** | 60 counties that cover western Pennsylvania and adjacent counties in New York, | **One of two hub and spoke configurations in this VISN that reflect service areas and their associated referral patterns. Areas of coverage by current VA health care resources, particularly the 20-mile radius access boundaries for** | When VISN 10 was reviewed regarding the area "outside" of VISN 4 around the Youngstown, Ohio area where referrals were occurring, we |

| | | | |
|---|---|---|---|
| | Ohio and West Virginia.<br>**60 Total Counties** | **primary care, matched the distinct break between the Eastern and Western Markets as defined. Analysis of primary care access indicates that the western hub and spoke areas are 100% compliant with recommended guidelines. Inpatient guidelines are met at about 80%.**<br><br>**Facilities**: Pittsburgh, Altoona, Butler, Clarksburg and Erie | learned that 1,650 of the veterans residing in VISN 4 utilized VISN 10 healthcare resources, while an offsetting 3,797 from VISN 10 utilized VISN 4 resources. The magnitude of this net cross over market activity did not justify establishment of a Shared Market between VISNs 4 and 10. |

### 3. Facility List

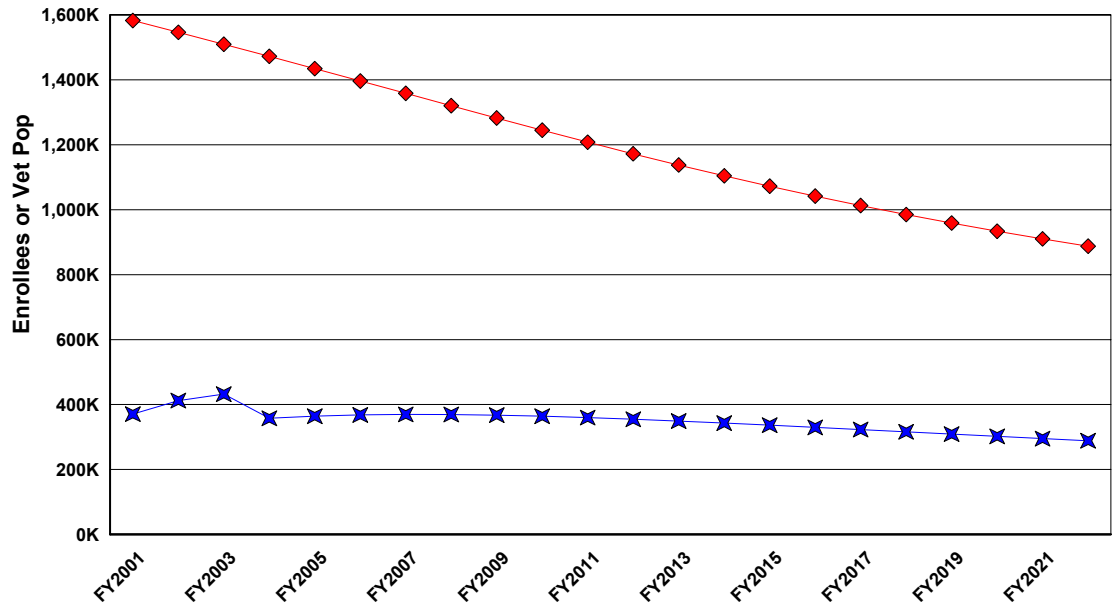
| VISN : 4 | | | | |
|---|---|---|---|---|
| **Facility** | **Primary** | **Hospital** | **Tertiary** | **Other** |
| | | | | |
| **Altoona** | | | | |
| 503 James E. Van Zandt VA(Altoona) | ✔ | ✔ | - | - |
| 503GA Johnstown | ✔ | - | - | - |
| 503GB Dubois (Clearfield) | ✔ | - | - | - |
| 503GC State College (Centre County) | ✔ | - | - | - |
| | | | | |
| **Butler** | | | | |
| 529 Butler | ✔ | ✔ | - | - |
| 529GC Kittanning | ✔ | - | - | - |
| 529GD Clarion County Clinic | ✔ | - | - | - |
| New Franklin | ✔ | - | - | - |
| New New Castle | ✔ | - | - | - |
| New Farrell ( Mercer county) | ✔ | - | - | - |
| | | | | |
| **Clarksburg** | | | | |
| 540 Clarksburg | ✔ | ✔ | - | - |
| 540GA Tucker County Veterans Center | ✔ | - | - | - |
| 540GB Wood County Veterans Center | ✔ | - | - | - |
| 540GC Gassaway-Braxton County | ✔ | - | - | - |
| New Morgantown | ✔ | - | - | - |
| | | | | |
| **Coatesville** | | | | |
| 542 Coatesville | ✔ | - | - | - |
| 542GA Media/Springfield | ✔ | - | - | - |
| 542GC Reading/Berks | - | - | - | ✔ |
| 542GD Lancaster | - | - | - | ✔ |
| 542GE Spring City | ✔ | - | - | - |
| 542GG Philadelphia | - | - | - | ✔ |
| 542GI Ventnor | - | - | - | ✔ |
| New Vineland | - | - | - | ✔ |
| | | | | |

| | | | | |
|---|---|---|---|---|
| **Erie** | | | | |
| 562 Erie | ✔ | ✔ | - | - |
| 562GA Crawford County Primary Care Clinic | ✔ | - | - | - |
| 562GB Ashtabula County Primary Care Clinic | ✔ | - | - | - |
| 562GC Mckean County Primary Care Clinic | ✔ | - | - | - |
| New Warren county | ✔ | - | - | - |
| | | | | |
| **Lebanon** | | | | |
| 595 Lebanon | ✔ | ✔ | - | - |
| 595GA Camp Hill Outpatient Clinic | ✔ | - | - | - |
| 595GC Lancaster | ✔ | - | - | - |
| 595GD Reading | ✔ | - | - | - |
| 595GE York County | ✔ | - | - | - |
| | | | | |
| **Philadelphia** | | | | |
| 642 Philadelphia | ✔ | ✔ | ✔ | - |
| 642GA Outpatient Clinic at Marshall Hall | ✔ | - | - | - |
| 642GB Cape May | ✔ | - | - | - |
| 642GC Willow Grove PA | ✔ | - | - | - |
| New Glouster county | ✔ | - | - | - |
| | | | | |
| **Pittsburgh (ALL)** | | | | |
| 646 Pittsburgh HCS-Univ Dr | ✔ | ✔ | ✔ | - |
| 646A4 Pittsburgh HCS-Aspinwall | ✔ | - | - | - |
| 646A5 Pittsburgh HCS-Highland Dr | ✔ | - | - | - |
| 646GA St. Clairsville | ✔ | - | - | - |
| 646GB Greensburg | ✔ | - | - | - |
| 646GC Aliquippa | ✔ | - | - | - |
| 646GD Washington County | ✔ | - | - | - |
| New Uniontown | ✔ | - | - | - |
| | | | | |
| **Wilkes-Barre** | | | | |
| 693 Wilkes Barre | ✔ | ✔ | - | - |
| 693B4 Allentown | ✔ | - | - | - |

| | | | | |
|---|---|---|---|---|
| 693GA Sayre | ✓ | - | - | - |
| 693GB Williamsport | ✓ | - | - | - |
| 693GC Tobyhanna | ✓ | - | - | - |
| 693GE Good Samaritan Regional Medical Center | ✓ | - | - | - |
| 693GF Berwick (Columbia Co.) | ✓ | - | - | - |
| New Bangor | ✓ | - | - | - |
| New Moblie Health clinic | ✓ | - | - | - |
| | | | | |
| **Wilmington** | | | | |
| 460 Wilmington | ✓ | ✓ | - | - |
| 460GA Millsboro VA Primary Care Clinic | ✓ | - | - | - |
| 460HE Ventnor | ✓ | - | - | - |
| New Vineland | ✓ | - | - | - |

## 4. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



## 5. Planning Initiatives and Collaborative Opportunities

### a. Effective Use of Resources

| Effective Use of Resources | | |
|---|---|---|
| **PI?** | **Issue** | **Rationale/Comments Re: PI** |
| Y | Small Facility Planning Initiative | The following facilities are projected to require fewer than 40 acute care beds:<br>• Altoona<br>• Butler<br>• Erie<br>The VISN should review potential quality of care issues for these facilities as well as opportunities for reassigning inpatient workload and/or enhancing volume. |
| Y | Proximity 60 Mile Acute | The VISN is requested to consider mission changes and/or realignment between or within the following facilities:<br>• VA Pittsburgh HCS<br>• Philadelphia and Wilmington |
| N | Proximity 60 Mile Acute | Although these facility pairs fall within the 60 mile proximity standard, they were not selected for PIs due to differing missions and impact of local transportation patterns (high volume):<br>• Wilmington and Perry Point, MD (VISN 5) |
| N | Proximity 120 Mile Tertiary | Although the following tertiary care facility pairs fall within the 120 mile proximity standard, they were not selected for PIs primarily due to local transportation patterns (high volume):<br>• Philadelphia and Bronx, NY (VISN 3)<br>• Philadelphia and VA New Jersey HCS: East Orange (VISN 3)<br>• Philadelphia and VA New York Harbor HCS: New York (VISN 3)<br>• Philadelphia and VA New York Harbor HCS: Brooklyn (VISN 3)<br>• Philadelphia and Baltimore, MD (VISN 5) |
| Y | Vacant Space | All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2004 and 30% by 2005. In particular, the VISN should review vacant space issues within the VA Pittsburgh HCS. |

### b. Special Disabilities

| Special Disability Programs | | |
|---|---|---|
| **PI?** | **Special Disability Population** | **Rationale/Comments** |
| N | Blind Rehabilitation | |
| N | Spinal Cord Injury and Disorders | |

### c. Collaborative Opportunities

| Collaborative Opportunities for use during development of Market Plans | | |
|---|---|---|
| **CO?** | **Collaborative Opportunities** | **Rationale/Comments** |
| Y | Enhanced Use | The Aspinwall Division of the VA Pittsburgh HCS and the Butler VA were identified on the secondary list of High Potential Enhanced Use Lease Opportunities for VHA. The VISN should consider these potential opportunities in the development of their Market Plans. |
| Y | VBA | Opportunities for VBA/VHA collaboration at the Highland Drive Division of the VA Pittsburgh HCS and the Wilkes-Barre VA have been explored and Wilkesbarre colaborations was not found to be viable. |
| Y | NCA | There are potential opportunities for NCA/VHA collaboration at Erie, Altoona and/or Wilkes-Barre. Consider this potential opportunity in the development of the Market Plan. |
| Y | DOD | Opportunities for VA/DoD collaboration in the following locations:<br>• Dover AFB and Wilmington<br>• McQuire AFB and Philadelphia<br>were explored by the VISN and DOD and were not found to be viable. |

### d. Other Issues

| Other Gaps/Issues Not Addressed By CARES Data Analysis | | |
|---|---|---|
| **PI?** | **Other Issues** | **Rationale/Comments** |
| | *None.* | |

### e. Market Capacity Planning Initiatives

**Eastern Market**

| Category | Type of Gap | FY2001 Baseline | Fy 2001 Modeled *** | FY 2012 Gap | FY 2012 % Gap | FY 2022 Gap | FY 2022 % Gap |
|---|---|---|---|---|---|---|---|
| Primary Care | Population Based * | 381,951 | | **216,595** | **57%** | 93,338 | **24%** |
| | Treating Facility Based ** | 392,220 | | **196,272** | **50%** | 74,073 | **19%** |
| Specialty Care | Population Based * | 343,574 | | **424,250** | **123%** | 290,171 | **84%** |
| | Treating Facility Based ** | 345,914 | | **405,809** | **117%** | 273,511 | **79%** |
| Medicine | Population Based * | 47,607 | | **14,506** | **30%** | 690 | **1%** |
| | Treating Facility Based ** | 45,767 | | **14,429** | **32%** | 887 | **2%** |

**Western Market**

| Category | Type of Gap | FY2001 Baseline | Fy 2001 Modeled *** | FY 2012 Gap | FY 2012 % Gap | FY 2022 Gap | FY 2022 % Gap |
|---|---|---|---|---|---|---|---|
| Specialty Care | Population Based * | 288,031 | | **116,890** | **41%** | 23,005 | **8%** |
| | Treating Facility Based ** | 288,728 | | **124,416** | **43%** | 32,137 | **11%** |
| Medicine | Population Based * | 41,588 | | **6,739** | **16%** | (6,964) | **-17%** |
| | Treating Facility Based ** | 41,987 | | **8,400** | **20%** | (5,537) | **-13%** |
| Surgery | Population Based * | 18,033 | | **(2,918)** | **-16%** | (7,353) | **-41%** |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Treating Facility Based ** | 18,347 | | **(2,359)** | **-13%** | (6,970) | **-38%** |

* – Population Based: Sum of the workload demand based on where the enrollee lives. Sum of the workload projections for the enrollees living in the counties geographically located in the Market. This is not necessarily where they go for care.

** – Treating Facility Based: Sum of the workload demand based on where the enrollee goes for care. Sum of the facility data for the facilities geographically located in the Market. (Due to the traffic or ever referral patterns, the population based and treating facility projections will not match at the market level, although nationally they will be equal)

*** – Modeled data is the Consultants projection based on what the workload **would have been if adjusted for community standards**.

## 6. Stakeholder Information

Summary narrative on key stakeholder issues by Market, and how the comments/concerns were incorporated in the Market Plan.

**Stakeholder Narrative:**

Overall, VISN 4 has had relatively few network-level stakeholder issues to contend with. Prior to our receiving the PIs, most of the issues raised were either informational in nature (e.g., questions about the process itself, its validity or its necessity), or about concerns that we were working on CARES at the expense of today's operational challenges (e.g., waiting times, current/proposed budgets, and eligibility matters). Perhaps the biggest concerns were voiced in certain pockets of the network where it was feared that CARES might result in the closing of hospitals or a reduction in access or service. Concerns were also expressed that veterans with special needs--such as women veterans, Gulf War veterans and those having SCI or behavioral health problems-- needed to be taken into consideration during plan development as did the need to factor in any demand occurring due to illnesses or injuries associated with our efforts to combat terrorism at home and abroad. Since the PIs have been received, we have similarly received fewer comments than expected concerning either the gaps cited or our proposed recommendations for addressing them. While we are not sure of the reason for this, we suspect that it may relate to the expansive and multi-dimensional nature of our stakeholder communications effort (both to employees and external stakeholders). We also believe it may be because the proposed PI responses are mostly positive in nature, in that most of the PIs for our Network show increases in demand for veteran health care, not decreases.Of the substantive feedback the network has received about the PIs/proposed responses, the bulk revolve around these issues:(1) that we will close our small facilities and/or their inpatient beds(2) that we will rely more on contracts for care rather than providing care "in-house"(3) the impact on our employees and patients if we were to close inpatient beds and/or consolidate facilities (e.g., proximity PIs)(4) concerns that we aren't fully meeting the projected needs of SCI vets in our VISN(5) requests for new CBOCs to handle our projected increases in O/P workload. These comments and concerns were shared with both VISN Market Area task forces (including with the stakeholders on those groups) and have been taken into account in the development of the network's DRAFT Market Plans. For example, after a thorough analysis of all possible options, our VISN determined that keeping beds open at all of our smaller facilities is most consonant with the CARES objectives. Likewise, our review indicates we can meet most of our projected increases in demand via the use of in-house staff rather than through contracts. Concerns about any adverse impact on employees or patients through the proposed consolidation at VAPHS have been factored into that recommendation and potential ways of addressing and alleviating those concerns have already been communicated to our stakeholders. Stakeholder concerns were also a factor in our decision not to

recommend consolidation of our Wilmington and Philadelphia VAMCs. In response to the request for additional SCI and CBOC services, our proposal calls for establishing a new outpatient SCI clinic in Philadelphia and several new CBOCs around the VISN.

## 7. Collaboration with Other VISNs

Summary narrative of collaborations with neighboring VISNs, and result of collaborations. Include overview of Proximity issues across VISNs.

**Collaboration with Other VISNs Narrative:**

SCI Services: As in all major PIs, VISN 4 sought input from Stakeholders in devising a plan to enhance services to SCI veterans. We met with PVA and EPVA and leadership of the neighboring VISN's that currently provide inpatient SCI care to veterans from VISN 4, to discuss projections and current provision of SCI care. Although VISN 4 does not have an SCI PI requirement in the current CARES model, we have made the following plan to maintain and expand SCI services:

- Expand the SCI clinic of the VA Pittsburgh Healthcare System
- Establish an Outpatient SCI&D program at the Philadelphia VAMC
- Maintain the 9 designated SCI LTC beds in Pittsburgh, maintaining flexibility to expand to 20 beds as demand increases.
- Continue to review and assess the LTC needs of SCI patients to ensure they receive needed care in the most appropriate setting. Alternatives to Inpatient LTC will include Home Based Primary Care and Home Health Aid services.
- Maintain the positive referral relationship with VISNs 10, 6, and 3 for acute inpatient SCI care.

## B. Resolution of VISN Level Planning Initiatives

### 1. Proximity Planning Initiatives (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

**Proximity Narrative:**

Reviews of the proximity issues in Pittsburgh and between the acute facilities in Wilmington, DE and Philadelphia, PA were completed. Three possible alternatives were considered: retention of all facilities without consolidations, maintenance of fewer facilities, or maintenance of all with consolidation of services. Workgroups including facility directors, stakeholders and planning staff completed extensive reviews of workload, quality, access, cost, and space data. There was unanimous agreement with the recommendations to retain both acute facilities in the East and to construct so that consolidation into two divisions could occur in Pittsburgh. Stakeholder input has supported these alternatives.

The major reason for the selection of the first alternative for the West is to reduce the cost of maintaining a sprawling 50-year-old campus style facility along with the cost of redundancies inherent in running three separate locations. The primary reasons for retaining acute care in both locations in the East are to retain access to VA acute care in Delaware and the lack of capacity at either facility to accommodate the acute workload from both.

QUALITY of service delivery is essentially the same between the two options, since only the location of care delivery is affected and quality measures are all positive. The plan includes the addition of sufficient space in the West to assure no negative impact on HEALTH CARE NEED.

SAFETY AND ENVIRONMENT are enhanced in the West by adding new space and eliminating the need to maintain a large aging campus. In the East, maintaining both reduces the need and risks associated with transporting acutely ill veterans (including those in the NHCU) to Philadelphia for care.

ACCESS would be negatively affected for Delawareans if acute services were not provided there. Many already travel more than 60 miles for acute care, with a 5-hour roundtrip. Without acute care at Wilmington, this number would increase as more veterans would have a greater distance to travel, adding more than 2 hours to all roundtrips. The inclusion of above ground parking in the construction plan for Pittsburgh assures that access is improved with a positive impact on the surrounding COMMUNITY, where residents are inconvenienced by current traffic tie-ups.

RESEARCH AND ACADEMIC AFFAIRS benefit by consolidation of behavioral health care and on site research space adjacent to the affiliate institution in the West. All affiliations are retained in the East under the preferred scenario, while the affiliation with Jefferson University would be lost in a scenario without acute care at Wilmington. Clinical consolidation has been implemented in the East to the extent possible, with mission critical services provided at Wilmington and more specialized services referred to Philadelphia. There is little administrative efficiency to be gained with consolidation but there is the potential for increased administrative costs with campuses 35 miles apart. Administrative staffing efficiency is enhanced with elimination of redundancies in Pittsburgh, freeing resources for increased clinical services.

SUPPORT TO OTHER MISSIONS will continue in the proposed alternatives. In the East, consolidation would reduce support to VBA and Readjustment Counseling. Space for VBA collaboration is included in the construction plan for Pittsburgh.

In the West, construction costs of about $92 million will be recouped in less than six years, with an estimated cost avoidance of $15 million per year in reduced overhead and elimination of redundancies. Freeing scarce resources from the maintenance of aging capital assets will support tremendous enhancements to the delivery of services to veterans and the best USE OF RESOURCES IN-HOUSE. In the East, costs for contracted urgent care would increase for medically unstable veterans unable to travel to Philadelphia if acute care were not available at Wilmington.

**2. Special Disability Planning Initiative (if appropriate)**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

**Your analysis should include the following:**

1. Describe the impact that the planning initiative will have on the mandated funding levels for special disability programs:
    - SCI
    - Blind Rehab
    - SMI
    - TBI
    - Substance Abuse
    - Homeless
    - PTSD
2. Discuss how the planning initiative may affect, complement or enhance special disability services.
3. Describe any potential stakeholder issues revolving around special disabilities related to the planning initiative.

**Special Disability Narrative:**

No Impact

## C. VISN Identified Planning Initiatives

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria. (See Chapter 5 Attachment 3 guidebook and Market Plan handbook.)

**Your analysis should include the following:**

1. List all of the VISN PIs and provide a short summary. Post the entire summary documentation on the portal.

**VISN Planning Initiatives Narrative:**

No Impact

## D. VISN Level Data Summary of Post Market Plan (Workload, Space, & Costs)

### 1. Inpatient Summary

#### a. Workload

| | BDOC Projections (from demand) | | | FY 2012 Projection (from solution) | | FY 2022 Projection (from solution) | | |
|---|---|---|---|---|---|---|---|---|
| INPATIENT CARE | Baseline FY 2001 BDOC | FY 2012 BDOC | FY 2022 BDOC | In House BDOC | Other BDOC | In House BDOC | Other BDOC | Net Present Value |
| Medicine | 87,754 | 110,583 | 83,104 | 107,954 | 2,635 | 81,069 | 2,039 | $ (8,386,100) |
| Surgery | 36,937 | 34,894 | 25,961 | 34,319 | 578 | 25,537 | 428 | $ (552,613) |
| Psychiatry | 111,728 | 121,114 | 102,019 | 114,516 | 8,368 | 98,578 | 4,736 | $ (17,284,999) |
| PRRTP | 11,368 | 11,368 | 11,368 | 11,368 | - | 11,368 | - | $ (607,947) |
| NHCU/Intermediate | 771,945 | 771,945 | 771,945 | 444,172 | 327,773 | 444,172 | 327,773 | $ (1,910,518) |
| Domiciliary | 111,154 | 111,154 | 111,154 | 111,154 | - | 111,154 | - | $ (1,252,882) |
| Spinal Cord Injury | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | $ - |
| **Total** | **1,130,886** | **1,161,058** | **1,105,550** | **823,483** | **339,354** | **771,878** | **334,976** | **$ (29,995,059)** |

**b. Space**

| | Space Projections (from demand) | | | Post CARES (from solution) | | |
|---|---|---|---|---|---|---|
| INPATIENT CARE | Baseline FY 2001 DGSF | FY 2012 DGSF | FY 2022 DGSF | FY 2012 Projection | FY 2022 Projection | Net Present Value |
| Medicine | 227,316 | 272,578 | 204,149 | 272,318 | 203,856 | $ (8,386,100) |
| Surgery | 73,208 | 66,293 | 49,299 | 66,351 | 49,333 | $ (552,613) |
| Psychiatry | 141,775 | 238,566 | 199,747 | 226,727 | 193,811 | $ (17,284,999) |
| PRRTP | 48,845 | 48,855 | 48,855 | 48,855 | 48,855 | $ (607,947) |
| NHCU/Intermediate | 656,135 | 656,135 | 656,135 | 671,228 | 671,228 | $ (1,910,518) |
| Domiciliary | 143,467 | 143,467 | 143,467 | 143,467 | 143,467 | $ (1,252,882) |
| Spinal Cord Injury | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | $ - |
| **Total** | **1,290,746** | **1,425,894** | **1,301,651** | **1,428,946** | **1,310,550** | **$ (29,995,059)** |

## 2. Outpatient Summary

### a. Workload

| | Clinic Stop Projections (from demand) | | | FY 2012 Projection (from solution) | | FY 2022 Projection (from solution) | | |
|---|---|---|---|---|---|---|---|---|
| Outpatient CARE | Baseline FY 2001 Stops | FY 2012 Stops | FY 2022 Stops | In House Stops | Other Stops | In House Stops | Other Stops | Net Present Value |
| Primary Care | 762,198 | 963,609 | 750,042 | 883,350 | 110,855 | 689,383 | 84,492 | $ (38,469,550) |
| Specialty Care | 634,640 | 1,164,865 | 940,288 | 775,867 | 401,734 | 607,622 | 336,118 | $ 63,192,140 |
| Mental Health | 446,143 | 447,641 | 445,487 | 361,494 | 89,715 | 358,473 | 90,565 | $ (14,452,932) |
| Ancillary& Diagnostic | 841,199 | 1,335,805 | 1,141,878 | 930,196 | 411,668 | 801,223 | 346,047 | $ 30,545,469 |
| **Total** | **2,684,180** | **3,911,920** | **3,277,695** | **2,950,907** | **1,013,972** | **2,456,701** | **857,222** | **$ 40,815,127** |

**b. Space**

| | Space Projections (from demand) | | | Post CARES (from solution) | | |
|---|---|---|---|---|---|---|
| Outpatient CARE | Baseline FY 2001 DGSF | FY 2012 DGSF | FY 2022 DGSF | FY 2012 Projection | FY 2022 Projection | Net Present Value |
| Primary Care | 352,923 | 572,052 | 445,462 | 538,602 | 420,398 | $ (38,469,550) |
| Specialty Care | 565,895 | 1,431,533 | 1,156,298 | 1,003,991 | 791,012 | $ 63,192,140 |
| Mental Health | 219,763 | 249,944 | 248,700 | 210,467 | 208,436 | $ (14,452,932) |
| Ancillary& Diagnostic | 476,889 | 1,013,274 | 867,566 | 723,644 | 620,535 | $ 30,545,469 |
| **Total** | **1,615,470** | **3,266,803** | **2,718,027** | **2,476,704** | **2,040,381** | **$ 40,815,127** |

### 3. Non-Clinical Summary

| | Space Projections (from demand) | | | Post CARES (from solution) | | |
|---|---|---|---|---|---|---|
| NON-CLINICAL | Baseline FY 2001 DGSF | FY 2012 DGSF | FY 2022 DGSF | FY 2012 Projection | FY 2022 Projection | Net Present Value |
| Research | 222,947 | 222,947 | 222,947 | 417,087 | 417,087 | $ (93,555,701) |
| Admin | 1,915,352 | 2,980,887 | 2,576,584 | 1,948,794 | 1,903,899 | $ 79,778,680 |
| Outleased | 177,646 | 177,646 | 177,646 | 92,880 | 101,832 | N/A |
| Other | 355,450 | 355,450 | 355,450 | 355,450 | 355,450 | $ - |
| Vacant Space | 387,373 | - | - | 571,173 | 770,254 | $ 160,609,599 |
| **Total** | **3,058,768** | **3,736,930** | **3,332,627** | **3,385,384** | **3,548,522** | **$ 146,832,578** |

## II. Market Level Information

### A. Eastern Market

#### 1. Description of Market

##### a. Market Definition

| Market | Includes | Rationale | Shared Counties |
|---|---|---|---|
| **Eastern Market**<br><br>**Code: 4A** | 33 counties in eastern Pennsylvania, 7 counties in New Jersey, 3 counties in Delaware and 1 county in New York<br>44 Total Counties<br><br><u>1 Sub-market:</u><br>4A-1 Eastern Central | One of two hub and spoke configurations in this VISN that reflect service areas and their associated referral patterns. Areas of coverage by current VA health care resources, particularly the 20-mile radius access boundaries for primary care, matched the distinct break between the Eastern and Western Markets as defined. Analysis of primary care access indicates that the eastern hub and spoke areas are 99% compliant with recommended guidelines. Inpatient guidelines are met at about 80%.<br><br>**Facilities**: Philadelphia, Wilmington, Coatesville, Lebanon and Wilkes-Barre | No shared markets - 17.4% of NJ Mercer County relies on Philadelphia and an additional 5.4% from Coatesville, with the remaining 77.2% balance referring to VISN 3 facilities. NJ Ocean County's vetpop used 11.2% from Philadelphia with the remaining 88.8% remaining within the confines of VISN 3. Likewise, NJ Warren County shared 22.5% of their vetpop with Wilkes-Barre, with the remaining 77.5% being handled within VISN 3. |
| **Eastern Central Sub Market**<br><br>**Code: 4A-1** | 28 counties in northeastern Pennsylvania and 1 in New York<br>29 Total Counties | The sub-market is defined by relatively high utilization of the central network facilities with a relatively low rate of utilization of the eastern hub by veterans in those associated counties. Detailed information about this sub-market is expected to be helpful for detailed planning.<br><br>**Facilities**: Wilkes-Barre, Lebanon | No shared markets. |

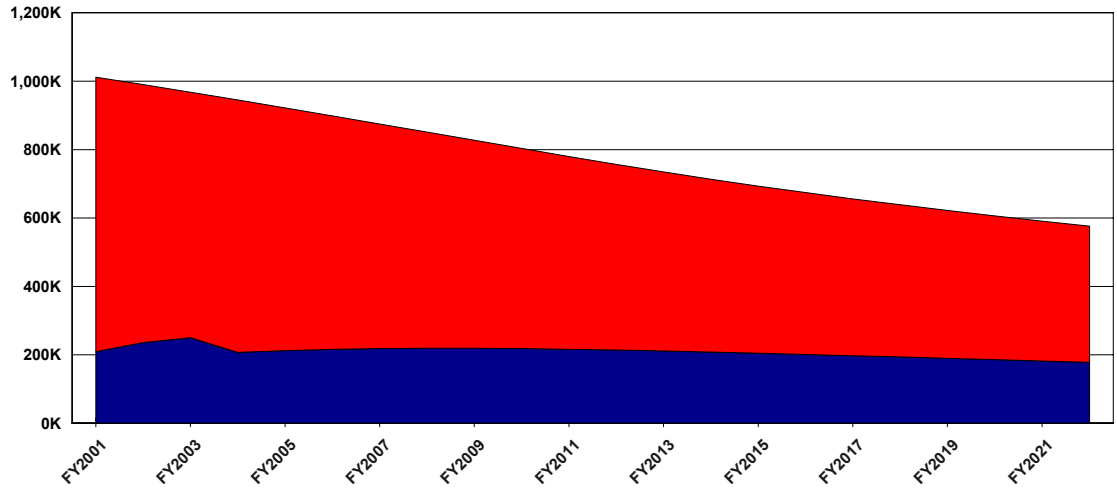
### b. Facility List

| **VISN :** 4 | | | | |
|---|---|---|---|---|
| **Facility** | **Primary** | **Hospital** | **Tertiary** | **Other** |
| | | | | |
| **Coatesville** | | | | |
| 542 Coatesville | ✓ | - | - | - |
| 542GA Media/Springfield | ✓ | - | - | - |
| 542GC Reading/Berks | - | - | - | ✓ |
| 542GD Lancaster | - | - | - | ✓ |
| 542GE Spring City | ✓ | - | - | - |
| 542GG Philadelphia | - | - | - | ✓ |
| 542GI Ventnor | - | - | - | ✓ |
| New Vineland | - | - | - | ✓ |
| | | | | |
| **Lebanon** | | | | |
| 595 Lebanon | ✓ | ✓ | - | - |
| 595GA Camp Hill Outpatient Clinic | ✓ | - | - | - |
| 595GC Lancaster | ✓ | - | - | - |
| 595GD Reading | ✓ | - | - | - |
| 595GE York County | ✓ | - | - | - |
| | | | | |
| **Philadelphia** | | | | |
| 642 Philadelphia | ✓ | ✓ | ✓ | - |
| 642GA Outpatient Clinic at Marshall Hall | ✓ | - | - | - |
| 642GB Cape May | ✓ | - | - | - |
| 642GC Willow Grove PA | ✓ | - | - | - |
| New Glouster county | ✓ | - | - | - |
| | | | | |
| **Wilkes-Barre** | | | | |
| 693 Wilkes Barre | ✓ | ✓ | - | - |
| 693B4 Allentown | ✓ | - | - | - |
| 693GA Sayre | ✓ | - | - | - |
| 693GB Williamsport | ✓ | - | - | - |
| 693GC Tobyhanna | ✓ | - | - | - |

| | | | | |
|---|---|---|---|---|
| 693GE Good Samaritan Regional Medical Center | ✓ | - | - | - |
| 693GF Berwick (Columbia Co.) | ✓ | - | - | - |
| New Bangor | ✓ | - | - | - |
| New Moblie Health clinic | ✓ | - | - | - |
| | | | | |
| **Wilmington** | | | | |
| 460 Wilmington | ✓ | ✓ | - | - |
| 460GA Millsboro VA Primary Care Clinic | ✓ | - | - | - |
| 460HE Ventnor | ✓ | - | - | - |
| New Vineland | ✓ | - | - | - |

### c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



### d. List of All Planning Initiatives & Collaborative Opportunities

| CARES Categories Planning Initiatives VISN 4 Eastern Market | | | | | | |
|---|---|---|---|---|---|---|
| Eastern Market | | | Februrary 2003 (New) | | | |
| Feb PI | Category | Type Of Gap | FY2012 Gap | FY2012 %Gap | FY2022 Gap | FY2022 %Gap |
| N | Access to Primary Care | | | | | |
| N | Access to Hospital Care | | | | | |
| N | Access to Tertiary Care | | | | | |
| Y | Specialty Care Outpatient Stops | Population Based | 424,252 | 123% | 290,173 | 84% |
| | | Treating Facility Based | 405,811 | 117% | 273,513 | 79% |
| Y | Primary Care Outpatient Stops | Population Based | 216,596 | 57% | 93,338 | 24% |
| | | Treating Facility Based | 196,274 | 50% | 74,074 | 19% |
| Y | Medicine Inpatient Beds | Population Based | 47 | 30% | 2 | 1% |
| | | Treating Facility Based | 47 | 32% | 3 | 2% |
| N | Psychiatry Inpatient Beds | Population Based | 14 | 6% | -22 | -10% |
| | | Treating Facility Based | 19 | 9% | -14 | -7% |
| N | Surgery Inpatient Beds | Population Based | 0 | 0% | -13 | -22% |
| | | Treating Facility Based | 1 | 2% | -22 | -10% |
| N | Mental Health Outpatient Stops | Population Based | 0 | 0 | 0 | 0 |
| | | Treating Facility Based | 1,701 | 1 | 467 | 0 |

## e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

**Stakeholder Narrative:**

The following issues surfaced in the Eastern Market Area once the PIs were known and/or after our proposed responses to them were communicated. These issues were shared with our overall CARES Task Force and the Eastern Market subcommittee and, as shown below, factored into our plan development. 1. Several stakeholders have expressed concern and interest in the formalization of the Gloucester County, NJ, CBOC. The plan now includes the proposed formalization of this CBOC. 2. Some VSO members and congressional staff have expressed an interest in establishing a new VA medical center in southern NJ. Based on this, the Eastern Market subcommittee did a detailed analysis of CARES data (e.g., projected demand, current access, etc.). This analysis determined that the need to establish a new VAMC in southern NJ was not warranted at this time. Therefore, this is not included in the network plan. 3. Both the VISN office and the Wilkes-Barre VAMC have received several communications requesting that we open a CBOC in Northampton County, PA (specifically in the city of Bangor). In addition, both the PA War Veterans Council and the PA State Veterans Commission recently voted to support the addition of a CBOC in Northampton County. This need has been justified by the CARES data, and our plan does propose the establishment of a CBOC in that county. 4. Staff from Senator Biden's office indicated that they do not want to see a mission change at the Wilmington VAMC. Wilmington, while no longer having a small facility PI, does have a PI related to proximity. As is noted in another part of our submittal, the current network plan does not call for closure of or a mission change at the Wilmington VAMC

## f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

**Shared Market Narrative:**

Analysis of the market's transfer in/transfer out data revealed similar patterns. Workload changes with neighboring VISNs are not sufficient to warrant a gap based CARES PI. No specific market level contacts with other VISNs were necessary except for SCI workload issues. VISN level Shared Discussion Narrative should be referenced for more SCI details.

**g. Overview of Market Plan**

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

**Executive Summary Narrative:**

The VISN 4 Eastern Market is composed of five medical centers; Coatesville, Lebanon, Philadelphia, Wilkes-Barre and Wilmington. This market functions as a hub-and-spoke health care system. Philadelphia is the tertiary hub. All facilities provide primary and secondary services. Specialty referral services (e.g., substance abuse, PTSD, and domiciliary) are available at Coatesville. Heavily utilized referral and transfer patterns have existed among these facilities for many years. CARES Planning Initiatives (PIs) were assigned for Proximity (Wilmington & Philadelphia) and Capacity (all five facilities – Inpatient Medicine, Outpatient Primary Care, Outpatient Specialty Care). Based upon extensive CARES analysis and highly supportive stakeholder concurrence, the need for major changes are not necessary. Forecasted significant demand increases in Inpatient Medicine, Outpatient Primary Care and Outpatient Specialty Care will be managed by in-house expansion, contracting out, enhanced use agreements, and new/formalized CBOCs. Two CBOCs – one for Wilkes-Barre in Northampton County (PA) and one for Philadelphia in Gloucester County (NJ) are included in this market plan. All five medical centers will manage their space needs and the vacant space pool square footage via: renovations, expansions, relocations, consolidations, out leasing, demolition and enhanced use leasing to meet the assigned VISN 10% reduction for FY 04 and the 30% reduction for FY 05.The communication efforts with and results from stakeholders have, as noted by feedback from VACO, been exemplary. Stakeholders' issues are detailed in the market level Stakeholder Issues Narrative. No specific market level contacts with other VISNs were necessary except for SCI workload issues. Services in the east market will include establishment of an SCI clinic in Philadelphia and maintenance of the positive referral relationships to neighboring VISNs for acute SCI care. The VISN level Shared Discussion Narrative should be referenced for more SCI details. The greatest potential for change centered on the Proximity PI for Wilmington and Philadelphia. A systematic review of both facilities' missions, services, CBOCs, referral patterns, staffing, type of support services, space, affiliate's capacity to meet workload increases, lead to recommendation of maintaining both facilities with no additional consolidations. The rationale supporting this option includes: Wilmington is the only VAMC located in Delaware, high cost services are already consolidated, potential patient satisfaction reduction, cost, proven quality, referral site capacity including medical school affiliation, and lack of a medical presence to support the NHCU.The Inpatient Medicine Capacity PIs, for all five

facilities, are to manage the workload in-house. These PIs address a VISN-wide significant increase in demand for inpatient medical care in FY 12 and then a decline to approximately the same workload as experienced in FY 01. The significant projected increases in the need for outpatient primary care services in both FY 12 and FY 22 will be managed primarily in-house, at all medical centers. Greater reliance on existing contracts is being recommended for Wilmington. Additional access/capacity is recommended in the form of a new CBOC (Northampton County/PA) for Wilkes-Barre and a formalized CBOC (Gloucester County, NJ) for Philadelphia.Outpatient specialty care service demand is forecasted to increase significantly in both FY 12 and FY 22. Again, the recommended option is to manage the increases in-house, at each facility. Contracting out will play a major role in meeting the forecasted workload, except at Wilkes-Barre. Wilkes-Barre will manage the workload in-house and at a new CBOC

## 2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

**Access Narrative:**

CBOC's were added to assist with the Primary Care Capacity gap in both the eastern and western market.

| Service Type | Baseline FY 2001 | | Proposed FY 2012 | | Proposed FY 2022 | |
|---|---|---|---|---|---|---|
| | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines |
| **Primary Care** | **84%** | 36,870 | **86%** | 29,957 | **86%** | 24,884 |
| **Hospital Care** | **85%** | 34,566 | **85%** | 32,097 | **85%** | 26,661 |
| **Tertiary Care** | **100%** | - | **100%** | - | **100%** | - |

**Guidelines:**

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

## 3. Facility Level Information – Banger

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

**Top Enhanced Use Market Opportunity**

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | $ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | - | - | - | - | 800 | - | - | 800 | - | - | - | $ (1,282,521) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Mental Health | - | - | - | - | 60 | - | - | 60 | - | - | - | $ (112,331) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **860** | **-** | **-** | **860** | **-** | **-** | **-** | **$ (1,394,852)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | - | - | - | - | - | - | - | - | - | - | - | - |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | - | - | - | - | - | - | - | - | - | - | - | - |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | - | - | - | - | - | - | - | - | - | - | - | - |

## 4. Facility Level Information – Coatesville

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | 2,344 | (25) | 2,344 | (24) | 123 | - | - | - | - | - | 2,221 | $ (46,451) |
| Surgery | 8 | (14) | 8 | (14) | 8 | - | - | - | - | - | - | $ 772 |
| Intermediate/NHCU | 113,847 | - | 113,847 | - | 26,185 | - | - | - | - | - | 87,662 | $ - |
| Psychiatry | 29,282 | 1,677 | 29,283 | 1,678 | 6,283 | - | - | - | - | - | 23,000 | $ 2,465,683 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | 72,350 | - | 72,350 | - | - | - | - | - | - | - | 72,350 | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **217,831** | **1,639** | **217,832** | **1,640** | **32,599** | **-** | **-** | **-** | **-** | **-** | **185,233** | **$ 2,420,004** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | 63,864 | 27,420 | 63,864 | 27,420 | 9,567 | - | 2,465 | - | - | - | 51,832 | $ 3,108,996 |
| Specialty Care | 100,014 | 81,250 | 100,014 | 81,250 | 71,789 | - | 1,638 | - | - | - | 26,587 | $ 3,564,657 |
| Mental Health | 49,512 | 29 | 49,513 | 30 | 2,414 | - | - | - | - | - | 47,099 | $ 47,920 |
| Ancillary & Diagnostics | 65,963 | 31,734 | 65,963 | 31,734 | 3,200 | - | - | - | - | - | 62,763 | $ 685,330 |
| **Total** | **279,352** | **140,432** | **279,354** | **140,434** | **86,970** | **-** | **4,103** | **-** | **-** | **-** | **188,281** | **$ 7,406,903** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 4,632 | 4,352 | 4,620 | 4,340 | 280 | - | - | 3,400 | - | - | 3,680 | (940) |
| Surgery | 2 | 2 | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | 99,339 | - | 99,339 | - | 99,339 | - | - | - | - | - | 99,339 | - |
| Psychiatry | 57,395 | 15,757 | 45,080 | 3,442 | 41,638 | - | - | - | - | - | 41,638 | (3,442) |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | 73,133 | - | 73,133 | - | 73,133 | - | - | - | - | - | 73,133 | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **234,500** | **20,110** | **222,172** | **7,782** | **214,390** | **-** | **-** | **3,400** | **-** | **-** | **217,790** | **(4,382)** |

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 40,713 | 18,182 | 38,874 | 16,343 | 22,531 | - | - | 9,024 | 9,024 | - | 40,579 | 1,705 |
| Specialty Care | 135,319 | 118,014 | 43,869 | 26,564 | 17,305 | 15,800 | - | - | - | - | 33,105 | (10,764) |
| Mental Health | 25,871 | 370 | 25,904 | 403 | 25,501 | - | - | 2,250 | - | - | 27,751 | 1,847 |
| Ancillary and Diagnostics | 57,625 | 10,992 | 60,252 | 13,619 | 46,633 | - | - | - | - | - | 46,633 | (13,619) |
| **Total** | **259,528** | **147,558** | **168,899** | **56,929** | **111,970** | **15,800** | **-** | **11,274** | **9,024** | **-** | **148,068** | **(20,831)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | 16,345 | - | 9,922 | (6,423) | 16,345 | - | - | - | - | - | 16,345 | 6,423 |
| Administrative | 413,402 | 135,414 | 277,988 | - | 277,988 | - | - | - | - | - | 277,988 | - |
| Other | 28,332 | - | 28,332 | - | 28,332 | - | - | - | - | - | 28,332 | - |
| **Total** | **458,079** | **135,414** | **316,242** | **(6,423)** | **322,665** | **-** | **-** | **-** | **-** | **-** | **322,665** | **6,423** |

## 5. Facility Level Information – Glouster County

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | $ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | - | - | - | - | - | - | - | 3,924 | - | - | 3,924 | $ (14,566,823) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Mental Health | - | - | - | - | 780 | - | - | 780 | - | - | - | $ (1,594,518) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **780** | **-** | **-** | **4,704** | **-** | **-** | **3,924** | **$ (16,161,341)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | - | - | 2,708 | 2,708 | - | - | - | - | 2,708 | - | 2,708 | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **2,708** | **2,708** | **-** | **-** | **-** | **-** | **2,708** | **-** | **2,708** | **-** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

## 6. Facility Level Information – Lebanon

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Medicine | 7,256 | 3,140 | 7,257 | 3,141 | 446 | - | - | - | - | - | 6,811 | $ | 30,271 |
| Surgery | 1,482 | 290 | 1,482 | 290 | 117 | - | - | - | - | - | 1,365 | $ | 2,173 |
| Intermediate/NHCU | 103,652 | - | 103,652 | - | 51,826 | - | - | - | - | - | 51,826 | $ | - |
| Psychiatry | 19,698 | 832 | 19,698 | 832 | 9 | - | - | - | - | - | 19,689 | $ | (1,998,941) |
| PRRTP | 3,642 | - | 3,642 | - | - | - | - | - | - | - | 3,642 | $ | - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| **Total** | **135,730** | **4,262** | **135,731** | **4,263** | **52,398** | **-** | **-** | **-** | **-** | **-** | **83,333** | **$** | **(1,966,497)** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Primary Care | 109,240 | 34,762 | 109,240 | 34,762 | 1,093 | - | - | 751 | - | - | 108,898 | $ | (7,706,137) |
| Specialty Care | 131,339 | 73,192 | 131,339 | 73,193 | 60,000 | - | - | 296 | - | - | 71,635 | $ | 23,054,964 |
| Mental Health | 35,926 | 386 | 35,926 | 387 | 914 | - | - | - | - | - | 35,012 | $ | (87,006) |
| Ancillary & Diagnostics | 151,633 | 68,890 | 151,634 | 68,890 | 83,000 | - | - | - | - | - | 68,634 | $ | (32,099,708) |
| **Total** | **428,137** | **177,230** | **428,139** | **177,232** | **145,007** | **-** | **-** | **1,047** | **-** | **-** | **284,179** | **$** | **(16,837,887)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 18,623 | 3,113 | 18,594 | 3,084 | 15,510 | - | - | - | - | - | 15,510 | (3,084) |
| Surgery | 3,409 | (831) | 3,412 | (828) | 4,240 | - | - | - | - | - | 4,240 | 828 |
| Intermediate Care/NHCU | 88,980 | - | 88,980 | - | 88,980 | - | - | - | - | - | 88,980 | - |
| Psychiatry | 31,911 | 23,821 | 31,896 | 23,806 | 8,090 | 19,992 | - | - | - | - | 28,082 | (3,814) |
| PRRTP | 16,800 | - | 16,800 | - | 16,800 | - | - | - | - | - | 16,800 | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **159,722** | **26,102** | **159,682** | **26,062** | **133,620** | **19,992** | **-** | **-** | **-** | **-** | **153,612** | **(6,070)** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 58,400 | 31,065 | 58,805 | 31,470 | 27,335 | - | - | - | 18,100 | - | 45,435 | (13,370) |
| Specialty Care | 182,771 | 116,307 | 101,722 | 35,258 | 66,464 | 13,209 | - | - | - | - | 79,673 | (22,049) |
| Mental Health | 19,167 | 4,288 | 19,257 | 4,378 | 14,879 | - | - | - | 539 | - | 15,418 | (3,839) |
| Ancillary and Diagnostics | 120,367 | 77,843 | 55,594 | 13,070 | 42,524 | - | - | - | - | - | 42,524 | (13,070) |
| **Total** | **380,705** | **229,503** | **235,378** | **84,176** | **151,202** | **13,209** | **-** | **-** | **18,639** | **-** | **183,050** | **(52,328)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | 831 | 831 | 3,131 | 3,131 | - | 2,936 | - | - | - | - | 2,936 | (195) |
| Administrative | 345,873 | 164,365 | 181,508 | - | 181,508 | - | - | - | - | - | 181,508 | - |
| Other | 55,220 | - | 55,220 | - | 55,220 | - | - | - | - | - | 55,220 | - |
| **Total** | **401,925** | **165,197** | **239,859** | **3,131** | **236,728** | **2,936** | **-** | **-** | **-** | **-** | **239,664** | **(195)** |

## 7. Facility Level Information – Mobile Health Clinic

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

**Top Enhanced Use Market Opportunity**

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | $ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

## 8. Facility Level Information – Philadelphia

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

Comparison of missions and current conditions completed, considering space, staffing, quality, cost and patient satisfaction. The impact of additional consolidations or closure on both facilities and the veterans served was explored. Capacity was addressed as was the affiliation. Consideration given to the fact that Wilmington is the only VA facility in Delaware, with strong bipartisan congressional interest. The options considered were (A) retain both facilities with no additional consolidations of services, (B) maintain only one of the facilities, or (C) maintain both facilities but consolidate services/integrate facilities. OPTION A is the selected alternative.Healthcare Quality and Need: Quality demonstrated by JCAHO and performance measures. Wilmington accredited as Community Cancer Center by the American College of Surgeons. Projected need requires more space than is available at either facility. Low volume, high tech healthcare is already consolidated. High patient satisfaction at Wilmington would be negatively impacted.Safety and Environment: Potential risks associated with transporting medically unstable patients will be reduced. Philadelphia has unused space but not sufficient capacity to assume workload from Wilmington without significant construction. Space at Wilmington has been renovated. The ICU, outpatient addition, and 1 inpatient ward are complete. OR and 2nd inpatient ward underway. Healthcare Quality as Measured by Access: Access would be negatively affected for Delawareans. All Sussex County veterans and many in Kent County travel more than 60 miles for acute care (approximately 5 hours roundtrip). Integration would increase the number of veterans traveling this time and add more than 2 hours roundtrip. Family involvement would also be compromised when family has longer distances to travel to meet with providers. Veterans rely heavily on travel through veterans' service groups. Even for care at Wilmington, roundtrips take almost 10 hours to accommodate as many veterans as possible. Wilmington runs a daily bus service from NJ but all transportation is for scheduled appointments. No transportation system supports urgent/emergent

care or care needed off-tours.Impact on Research and Academic Affairs: None on research. Selected option maintains both affiliations within requirements. The addition of Wilmington's workload to Philadelphia would increase their workload above the Medicare cap and negatively impact on the affiliation. Affiliation with Jefferson would be lost if facilities consolidated. Impact on Staffing and Community: With minimal administrative staffing at Wilmington, there would be no gain and possibly increased costs from administrative consolidation. Clinical consolidation has already been implemented to the extent possible. Another consideration is the fact that Wilmington is the only VA facility in the state of Delaware. There is strong bipartisan congressional interest. Any change that eliminated or reduced services at Wilmington would create strong congressional opposition.Support Other Missions of VA: Support to DoD (Dover Air Force Base) and NDMS would be compromised. The Center completes medical exams for Compensation & Pension. Without hospital support, these exams would have to be completed at Philadelphia VAMC or under contract, increasing travel or contract costs. Satisfaction would be negatively impacted. Wilmington Vet Center is also collocated on the grounds. Without support from the hospital, the Vet Center would have to relocate to other space, increasing the cost.Optimizing Use of Resources Inhouse: Wilmington is efficient, with the lowest costs in the VISN with less than 20% indirect costs. By maintaining both facilities, the potential for increased cost for urgent/emergent care provided in the community for those who wouldn't tolerate the trip, including residents in the NHCU, will be reduced.

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

The facility was asked to review the option of collaborating with the local DoD installation. This option was reviewed and it was mutually agreed that collaboration is not feasible.

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

**Top Enhanced Use Market Opportunity**

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Medicine | 24,835 | 8,590 | 24,836 | 8,591 | 309 | - | - | - | - | - | 24,527 | $ | (473,045) |
| Surgery | 10,900 | 1,889 | 10,901 | 1,890 | 42 | - | - | - | - | - | 10,859 | $ | (792,580) |
| Intermediate/NHCU | 124,317 | - | 124,317 | - | 39,782 | - | - | - | - | - | 84,535 | $ | - |
| Psychiatry | 11,735 | 1,883 | 11,736 | 1,884 | 4 | - | - | - | - | - | 11,732 | $ | 59,796 |
| PRRTP | 2 | - | 2 | - | - | - | - | - | - | - | 2 | $ | - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| **Total** | **171,790** | **12,363** | **171,792** | **12,365** | **40,137** | **-** | **-** | **-** | **-** | **-** | **131,655** | **$** | **(1,205,829)** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Primary Care | 220,533 | 105,916 | 220,534 | 105,916 | 4,348 | - | 3,924 | 1,547 | - | - | 213,809 | $ | 6,790,705 |
| Specialty Care | 276,068 | 156,762 | 276,069 | 156,763 | 150,000 | - | - | 1,222 | - | - | 127,291 | $ | 91,727,882 |
| Mental Health | 165,944 | (1,050) | 165,944 | (1,050) | 70,000 | - | 780 | - | - | - | 95,164 | $ | (3,652,855) |
| Ancillary & Diagnostics | 310,698 | 186,434 | 310,699 | 186,435 | 170,000 | - | - | - | - | - | 140,699 | $ | 93,645,144 |
| **Total** | **973,244** | **448,062** | **973,246** | **448,064** | **394,348** | **-** | **4,704** | **2,769** | **-** | **-** | **576,963** | **$** | **188,510,876** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 61,961 | 13,969 | 61,808 | 13,816 | 47,992 | 7,000 | - | - | - | - | 54,992 | (6,816) |
| Surgery | 19,295 | 2,043 | 19,220 | 1,968 | 17,252 | - | - | - | - | - | 17,252 | (1,968) |
| Intermediate Care/NHCU | 113,858 | - | 113,857 | (1) | 113,858 | - | - | - | - | - | 113,858 | 1 |
| Psychiatry | 28,636 | 10,568 | 28,626 | 10,558 | 18,068 | - | 9,000 | - | - | - | 27,068 | (1,558) |
| PRRTP | 10 | 10 | 10 | 10 | - | - | - | - | - | - | - | (10) |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **223,759** | **26,589** | **223,521** | **26,351** | **197,170** | **7,000** | **9,000** | **-** | **-** | **-** | **213,170** | **(10,351)** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 149,125 | 81,529 | 147,528 | 79,932 | 67,596 | - | 6,953 | - | 41,000 | - | 115,549 | (31,979) |
| Specialty Care | 294,566 | 196,892 | 140,020 | 42,346 | 97,674 | 21,469 | - | - | - | - | 119,143 | (20,877) |
| Mental Health | 90,357 | 52,758 | 52,340 | 14,741 | 37,599 | - | - | - | 2,561 | - | 40,160 | (12,180) |
| Ancillary and Diagnostics | 255,301 | 163,939 | 116,780 | 25,418 | 91,362 | - | - | - | - | - | 91,362 | (25,418) |
| **Total** | **789,349** | **495,118** | **456,668** | **162,437** | **294,231** | **21,469** | **6,953** | **-** | **43,561** | **-** | **366,214** | **(90,454)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | 100,677 | - | 203,034 | 102,357 | 100,677 | - | - | - | 90,000 | - | 190,677 | (12,357) |
| Administrative | 400,962 | 189,777 | 244,627 | 33,442 | 211,185 | - | - | - | - | - | 211,185 | (33,442) |
| Other | 31,027 | - | 31,027 | - | 31,027 | - | - | - | - | - | 31,027 | - |
| **Total** | **532,666** | **189,777** | **478,688** | **135,799** | **342,889** | **-** | **-** | **-** | **90,000** | **-** | **432,889** | **(45,799)** |

## 9. Facility Level Information – Vineland 1

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

**Top Enhanced Use Market Opportunity**

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | $ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | - | - | - | - | - | - | - | 2,714 | - | - | 2,714 | $ (3,155,785) |
| Specialty Care | - | - | - | - | 87 | - | - | 87 | - | - | - | $ (198,441) |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **87** | **-** | **-** | **2,801** | **-** | **-** | **2,714** | **$ (3,354,226)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | - | - | 1,520 | 1,520 | - | - | - | 1,520 | - | - | 1,520 | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **1,520** | **1,520** | **-** | **-** | **-** | **1,520** | **-** | **-** | **1,520** | **-** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

## 10. Facility Level Information – Vineland 2

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | $ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

## 11. Facility Level Information – Wilkes-Barre

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

Collaborative opportunities with VBA and NCA have been considered but are not viable at this time. Contact with the VBA in Philadelphia has indicated that they are currently working with VA Regional Offices and not individual VA facilities at this time. Regarding the NCA, the grounds of the Wilkes-Barre VAMC is not conducive for a cemetery site. Land that is presently unused is rough, highly graded and sporadically placed; making the terrain difficult for cemetery use

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

Collaborative opportunities with VBA and NCA have been considered but are not viable at this time. Contact with the VBA in Philadelphia has indicated that they are currently working with VA Regional Offices and not individual VA facilities at this time. Regarding the NCA, the grounds of the Wilkes-Barre VAMC is not conducive for a cemetery site. Land that is presently unused is rough, highly graded and sporadically placed; making the terrain difficult for cemetery use

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

Collaborative opportunities with VBA and NCA have been considered but are not viable at this time. Contact with the VBA in Philadelphia has indicated that they are currently working with VA Regional Offices and not individual VA facilities at this time. Regarding the NCA, the grounds of the Wilkes-Barre VAMC is not conducive for a cemetery site. Land that is presently unused is rough, highly graded and sporadically placed; making the terrain difficult for cemetery use

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

## Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Medicine | 15,361 | 2,414 | 15,362 | 2,415 | 804 | - | - | - | - | - | 14,558 | $ | (824,180) |
| Surgery | 4,119 | (291) | 4,119 | (291) | 148 | - | - | - | - | - | 3,971 | $ | 239,614 |
| Intermediate/NHCU | 70,069 | - | 70,069 | - | 29,429 | - | - | - | - | - | 40,640 | $ | - |
| Psychiatry | 9,410 | 1,609 | 9,411 | 1,610 | 14 | - | - | - | - | - | 9,397 | $ | 54,872 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| **Total** | **98,959** | **3,732** | **98,961** | **3,734** | **30,395** | **-** | **-** | **-** | **-** | **-** | **68,566** | **$** | **(529,694)** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Primary Care | 132,842 | 26,333 | 132,843 | 26,334 | 4,535 | - | - | - | - | - | 128,308 | $ | (20,133,606) |
| Specialty Care | 159,676 | 65,067 | 159,677 | 65,068 | 40,000 | - | - | - | - | - | 119,677 | $ | (1,030,664) |
| Mental Health | 23,903 | 174 | 23,903 | 174 | 1,115 | - | 60 | - | - | - | 22,728 | $ | 132,424 |
| Ancillary & Diagnostics | 177,654 | 65,906 | 177,654 | 65,907 | 3,561 | - | - | - | - | - | 174,093 | $ | (5,161,292) |
| **Total** | **494,075** | **157,480** | **494,077** | **157,483** | **49,211** | **-** | **60** | **-** | **-** | **-** | **444,806** | **$** | **(26,193,138)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 36,131 | (1,264) | 35,667 | (1,728) | 37,395 | - | - | - | - | - | 37,395 | 1,728 |
| Surgery | 6,722 | 392 | 6,751 | 421 | 6,330 | - | - | - | - | - | 6,330 | (421) |
| Intermediate Care/NHCU | 78,730 | - | 78,730 | - | 78,730 | - | - | - | - | - | 78,730 | - |
| Psychiatry | 22,963 | (5,060) | 22,929 | (5,094) | 28,023 | - | - | - | - | - | 28,023 | 5,094 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **144,546** | **(5,932)** | **144,077** | **(6,401)** | **150,478** | **-** | **-** | **-** | **-** | **-** | **150,478** | **6,401** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 65,093 | (1,925) | 64,154 | (2,864) | 67,018 | - | - | - | 48,492 | - | 115,510 | 51,356 |
| Specialty Care | 172,132 | 87,889 | 131,645 | 47,402 | 84,243 | 30,039 | - | - | - | - | 114,282 | (17,363) |
| Mental Health | 13,625 | (10,869) | 13,637 | (10,857) | 24,494 | - | - | - | - | - | 24,494 | 10,857 |
| Ancillary and Diagnostics | 113,166 | 55,264 | 113,160 | 55,258 | 57,902 | 30,000 | - | - | - | - | 87,902 | (25,258) |
| **Total** | **364,015** | **130,358** | **322,596** | **88,939** | **233,657** | **60,039** | **-** | **-** | **48,492** | **-** | **342,188** | **19,592** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | 269,538 | 67,608 | 201,930 | - | 201,930 | - | - | - | - | - | 201,930 | - |
| Other | 51,671 | - | 51,671 | - | 51,671 | - | - | - | - | - | 51,671 | - |
| **Total** | **321,209** | **67,608** | **253,601** | **-** | **253,601** | **-** | **-** | **-** | **-** | **-** | **253,601** | **-** |

## 12. Facility Level Information – Wilmington

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

Comparison of missions and current conditions completed, considering space, staffing, quality, cost and patient satisfaction. The impact of additional consolidations or closure on both facilities and the veterans served was explored. Capacity was addressed as was the affiliation. Consideration given to the fact that Wilmington is the only VA facility in Delaware, with strong bipartisan congressional interest. The options considered were (A) retain both facilities with no additional consolidations of services, (B) maintain only one of the facilities, or (C) maintain both facilities but consolidate services/integrate facilities. OPTION A is the selected alternative.Healthcare Quality and Need: Quality demonstrated by JCAHO and performance measures. Wilmington accredited as Community Cancer Center by the American College of Surgeons. Projected need requires more space than is available at either facility. Low volume, high tech healthcare is already consolidated. High patient satisfaction at Wilmington would be negatively impacted.Safety and Environment: Potential risks associated with transporting medically unstable patients will be reduced. Philadelphia has unused space but not sufficient capacity to assume workload from Wilmington without significant construction. Space at Wilmington has been renovated. The ICU, outpatient addition, and 1 inpatient ward are complete. OR and 2nd inpatient ward underway. Healthcare Quality as Measured by Access: Access would be negatively affected for Delawareans. All Sussex County veterans and many in Kent County travel more than 60 miles for acute care (approximately 5 hours roundtrip). Integration would increase the number of veterans traveling this time and add more than 2 hours roundtrip. Family involvement would also be compromised when family has longer distances to travel to meet with providers. Veterans rely heavily on travel through veterans' service groups. Even for care at Wilmington, roundtrips take almost 10 hours to accommodate as many veterans as possible. Wilmington runs a daily bus service from NJ but all transportation is for scheduled appointments. No transportation system supports urgent/emergent

care or care needed off-tours.Impact on Research and Academic Affairs: None on research. Selected option maintains both affiliations within requirements. The addition of Wilmington's workload to Philadelphia would increase their workload above the Medicare cap and negatively impact on the affiliation. Affiliation with Jefferson would be lost if facilities consolidated. Impact on Staffing and Community: With minimal administrative staffing at Wilmington, there would be no gain and possibly increased costs from administrative consolidation. Clinical consolidation has already been implemented to the extent possible. Another consideration is the fact that Wilmington is the only VA facility in the state of Delaware. There is strong bipartisan congressional interest. Any change that eliminated or reduced services at Wilmington would create strong congressional opposition.Support Other Missions of VA: Support to DoD (Dover Air Force Base) and NDMS would be compromised. The Center completes medical exams for Compensation & Pension. Without hospital support, these exams would have to be completed at Philadelphia VAMC or under contract, increasing travel or contract costs. Satisfaction would be negatively impacted. Wilmington Vet Center is also collocated on the grounds. Without support from the hospital, the Vet Center would have to relocate to other space, increasing the cost.Optimizing Use of Resources Inhouse: Wilmington is efficient, with the lowest costs in the VISN with less than 20% indirect costs. By maintaining both facilities, the potential for increased cost for urgent/emergent care provided in the community for those who wouldn't tolerate the trip, including residents in the NHCU, will be reduced.

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

The facility was asked to review the option of collaborating with the local DoD installation. This option was reviewed and it was mutually agreed that collaboration is not feasible.

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

## Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | 10,400 | 309 | 10,400 | 309 | 21 | - | - | - | - | - | 10,379 | $ (105,238) |
| Surgery | 2,398 | (1,557) | 2,398 | (1,557) | 2 | - | - | - | - | - | 2,396 | $ (29,901) |
| Intermediate/NHCU | 25,002 | - | 25,002 | - | 5,251 | - | - | - | - | - | 19,751 | $ - |
| Psychiatry | 59 | (158) | 59 | (158) | 59 | - | - | - | - | - | - | $ 102,474 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **37,858** | **(1,407)** | **37,859** | **(1,406)** | **5,333** | **-** | **-** | **-** | **-** | **-** | **32,526** | **$ (32,665)** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | 62,013 | 1,842 | 62,013 | 1,842 | 8,253 | - | 2,714 | 167 | - | - | 51,213 | $ (1,788,943) |
| Specialty Care | 84,625 | 29,538 | 84,626 | 29,538 | 1,646 | - | - | - | - | - | 82,980 | $ (3,024,020) |
| Mental Health | 11,785 | 259 | 11,786 | 260 | 1,300 | - | - | - | - | - | 10,486 | $ (1,539,376) |
| Ancillary & Diagnostics | 118,402 | 63,677 | 118,403 | 63,678 | 64,402 | - | - | - | - | - | 54,001 | $ 19,133,439 |
| **Total** | **276,825** | **95,316** | **276,828** | **95,319** | **75,601** | **-** | **2,714** | **167** | **-** | **-** | **198,680** | **$ 12,781,100** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 22,464 | 3,872 | 22,419 | 3,827 | 18,592 | - | - | - | - | - | 18,592 | (3,827) |
| Surgery | 4,988 | (2,173) | 4,984 | (2,177) | 7,161 | - | - | - | - | - | 7,161 | 2,177 |
| Intermediate Care/NHCU | 30,802 | - | 30,801 | (1) | 30,802 | - | - | - | - | - | 30,802 | 1 |
| Psychiatry | 96 | 96 | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **58,349** | **1,794** | **58,204** | **1,649** | **56,555** | **-** | **-** | **-** | **-** | **-** | **56,555** | **(1,649)** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 33,685 | 3,115 | 28,679 | (1,891) | 30,570 | - | - | 2,250 | 1,213 | - | 34,033 | 5,354 |
| Specialty Care | 115,278 | 53,354 | 115,342 | 53,418 | 61,924 | 27,922 | - | - | - | - | 89,846 | (25,496) |
| Mental Health | 9,489 | 2,231 | 8,703 | 1,445 | 7,258 | - | - | - | - | - | 7,258 | (1,445) |
| Ancillary and Diagnostics | 90,507 | 57,332 | 42,121 | 8,946 | 33,175 | - | - | - | - | - | 33,175 | (8,946) |
| **Total** | **248,959** | **116,032** | **194,845** | **61,918** | **132,927** | **27,922** | **-** | **2,250** | **1,213** | **-** | **164,312** | **(30,533)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | 221,262 | 84,316 | 136,946 | - | 136,946 | - | - | - | - | - | 136,946 | - |
| Other | 18,337 | - | 18,337 | - | 18,337 | - | - | - | - | - | 18,337 | - |
| **Total** | **239,599** | **84,316** | **155,283** | **-** | **155,283** | **-** | **-** | **-** | **-** | **-** | **155,283** | **-** |

## B. Western Market

### 1. Description of Market

#### a. Market Definition

| Market | Includes | Rationale | Shared Counties |
|---|---|---|---|
| **Western Market**<br><br>**Code: 4B** | 60 counties that cover western Pennsylvania and adjacent counties in New York, Ohio and West Virginia.<br>**60 Total Counties** | One of two hub and spoke configurations in this VISN that reflect service areas and their associated referral patterns. Areas of coverage by current VA health care resources, particularly the 20-mile radius access boundaries for primary care, matched the distinct break between the Eastern and Western Markets as defined. Analysis of primary care access indicates that the western hub and spoke areas are 100% compliant with recommended guidelines. Inpatient guidelines are met at about 80%.<br><br>**Facilities**: Pittsburgh, Altoona, Butler, Clarksburg and Erie | When VISN 10 was reviewed regarding the area "outside" of VISN 4 around the Youngstown, Ohio area where referrals were occurring, we learned that 1,650 of the veterans residing in VISN 4 utilized VISN 10 healthcare resources, while an offsetting 3,797 from VISN 10 utilized VISN 4 resources. The magnitude of this net cross over market activity did not justify establishment of a Shared Market between VISNs 4 and 10. |

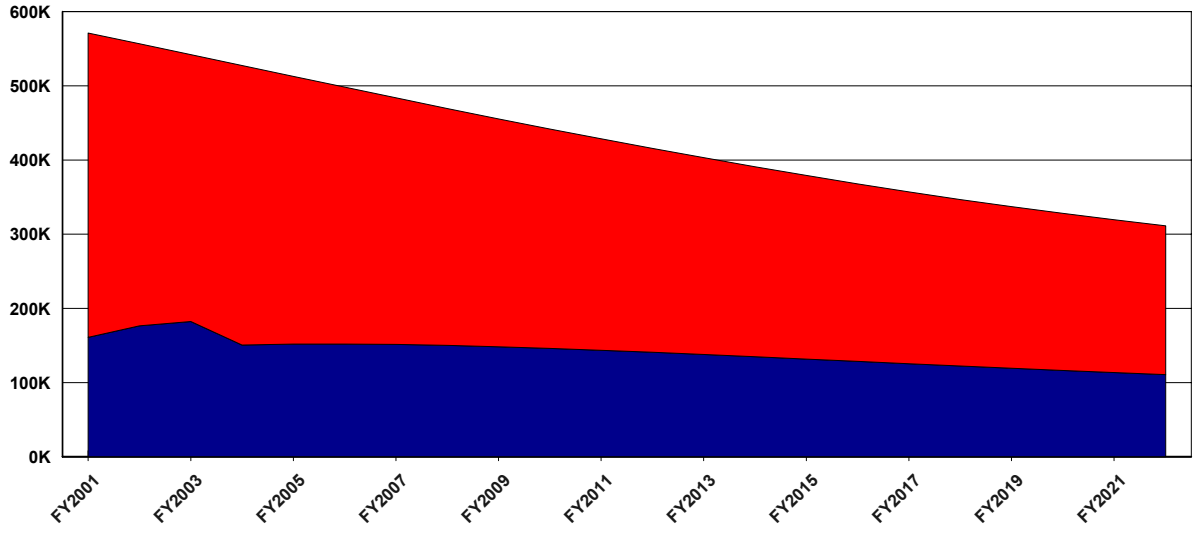
### b. Facility List

| **VISN :** 4 | | | | |
|---|---|---|---|---|
| **Facility** | **Primary** | **Hospital** | **Tertiary** | **Other** |
| | | | | |
| **Altoona** | | | | |
| 503 James E. Van Zandt VA(Altoona) | ✔ | ✔ | - | - |
| 503GA Johnstown | ✔ | - | - | - |
| 503GB Dubois (Clearfield) | ✔ | - | - | - |
| 503GC State College (Centre County) | ✔ | - | - | - |
| | | | | |
| **Butler** | | | | |
| 529 Butler | ✔ | ✔ | - | - |
| 529GC Kittanning | ✔ | - | - | - |
| 529GD Clarion County Clinic | ✔ | - | - | - |
| New Franklin | ✔ | - | - | - |
| New New Castle | ✔ | - | - | - |
| New Farrell ( Mercer county) | ✔ | - | - | - |
| | | | | |
| **Clarksburg** | | | | |
| 540 Clarksburg | ✔ | ✔ | - | - |
| 540GA Tucker County Veterans Center | ✔ | - | - | - |
| 540GB Wood County Veterans Center | ✔ | - | - | - |
| 540GC Gassaway-Braxton County | ✔ | - | - | - |
| New Morgantown | ✔ | - | - | - |
| | | | | |
| **Erie** | | | | |
| 562 Erie | ✔ | ✔ | - | - |
| 562GA Crawford County Primary Care Clinic | ✔ | - | - | - |
| 562GB Ashtabula County Primary Care Clinic | ✔ | - | - | - |
| 562GC Mckean County Primary Care Clinic | ✔ | - | - | - |
| New Warren county | ✔ | - | - | - |
| | | | | |

| | | | | |
|---|---|---|---|---|
| **Pittsburgh (ALL)** | | | | |
| 646 Pittsburgh HCS-Univ Dr | ✔ | ✔ | ✔ | - |
| 646A4 Pittsburgh HCS-Aspinwall | ✔ | - | - | - |
| 646A5 Pittsburgh HCS-Highland Dr | ✔ | - | - | - |
| 646GA St. Clairsville | ✔ | - | - | - |
| 646GB Greensburg | ✔ | - | - | - |
| 646GC Aliquippa | ✔ | - | - | - |
| 646GD Washington County | ✔ | - | - | - |
| New Uniontown | ✔ | - | - | - |
| | | | | |

### c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



### d. List of All Planning Initiatives & Collaborative Opportunities

| CARES Categories Planning Initiatives VISN 4 Western Market | | | | | | |
|---|---|---|---|---|---|---|
| Western Market | | | Februrary 2003 (New) | | | |
| Feb PI | Category | Type Of Gap | FY2012 Gap | FY2012 %Gap | FY2022 Gap | FY2022 %Gap |
| N | Access to Primary Care | | | | | |
| N | Access to Hospital Care | | | | | |
| N | Access to Tertiary Care | | | | | |
| Y | Specialty Care Outpatient Stops | Population Based | 116,891 | 41% | 23,005 | 8% |
| | | Treating Facility Based | 124,415 | 43% | 32,136 | 11% |
| N | Primary Care Outpatient Stops | Population Based | 1719 | 0% | -90,832 | -25% |
| | | Treating Facility Based | 5140 | 1% | -86,227 | -25% |
| Y | Surgery Inpatient Beds | Population Based | -9 | -16% | -24 | -41% |
| | | Treating Facility Based | -8 | -13% | -22 | -38% |
| Y | Medicine Inpatient Beds | Population Based | 22 | 16% | -22 | -17% |
| | | Treating Facility Based | 27 | 20% | -18 | -13% |
| N | Psychiatry Inpatient Beds | Population Based | 11 | 8% | -16 | -11% |
| | | Treating Facility Based | 11 | 7% | -17 | -11% |
| N | Mental Health Outpatient Stops | Population Based | 0 | 0 | 0 | 0 |
| | | Treating Facility Based | 1,701 | 0% | 467 | 0 |

**e. Stakeholder Information**

Discussion of stakeholder input and how concerns/issues were addressed.

**Stakeholder Narrative:**

The following issues surfaced in the Western Market as the planning initiatives or the proposed responses were communicated. These issues were shared with our overall CARES Task Force and the Western Market subcommittee and, as shown below, either factored into our plan development or tabled until we move to the implementation phase. 1. Employees at facilities that received small facility and proximity PIs have expressed concern regarding how plans to address the PI's may affect their jobs. Currently, all small facility PI's are located in the network's Western Market. This concern has been taken into consideration and, in fact, we are not planning to close any of our small facilities or their inpatient units. Ways of addressing and alleviating potential employee impact at VAPHS due to the proposed consolidation there have already been considered and some of this information has been communicated to stakeholders. In addition, this concern will be factored into our implementation plan. 2. Concern has been expressed regarding reduction or redistribution of services at Clarksburg, WV VAMC to local providers or another VA facility. These concerns have been conveyed to the western market subcommittee for consideration. At the moment, there are no plans for such redistribution of services. 3. The Venango County Veterans Coalition has expressed a desire to have a CBOC established in their area. Seven signed letters from members of the group to the network director thanked him for forwarding their concerns to the network CARES Task Force. The current network plan includes plans for a new CBOC in Venango County. 4. Erie VAMC's quarterly Service Officers' meeting found attendees reaffirming their support for the medical center, and felt they should strongly advocate retaining the medical center's inpatient beds. As noted, there are no plans to close the I/P beds at Erie. (Note: At a separate Town Hall meeting, some service officers in that area still question the integrity of the CARES process and remain suspicious.) 5. At a meeting between the Network Director with SVAC staff, concern was expressed that the cost for construction to facilitate VA Pittsburgh's proximity/consolidation proposal may have been underestimated. The projected cost was reexamined and has since been revised. (Note that Senator Specter's staff indicated that the senator or his designee would be interested in testifying in support of the network's recommendations.) 6. At the network meeting to discuss the western market's PI and proposed responses, concern was expressed that the therapeutic pool located at the HD division will not be a part of the construction project at the UD or Heinz divisions. In addition, at the PA War Veterans Council meeting, a stakeholder wondered how we would be able to handle the increasing numbers of patients going to Heinz for their care given the closure of HD.Both of these concerns will be factored into our implementation plans. 7. In the meeting between the leader of Unified Union Partners and our Network director, support was expressed for the consolidation in Pittsburgh, provided full

funding of the proposed construction takes place. This is a concern also expressed by, among others, the American Legion representative that is on the western market subcommittee. We have advised our stakeholders that if we do not receive full funding for the proposed construction, our VISN will not recommend going forward with this proposal. 8. A concern was expressed by an employee that, if the consolidation in Pittsburgh went forward, adequate space would need to be provided for the two music therapy rooms now in use at the HD division (along with the instruments associated with that program). This concern will be factored into the implementation plan.

**f. Shared Market Discussion**

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

**Shared Market Narrative:**

A review of county level veteran population and VA utilization data revealed that similar numbers of veterans go from VISN 4 to other networks as come to VISN 4 from those same networks, resulting in minimal net shift in workload. These data were reviewed with the VISN's surrounding the western market and no change in these patterns is planned. VISN 4 was included in the discussion to consider construction of additional acute care in West Virginia and agreed that VISN 4 veterans access needs are adequately met in Clarksburg and Pittsburgh.

**g. Overview of Market Plan**

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

**Executive Summary Narrative:**

The greatest change proposed in the plan for the western market of VISN 4 is the construction of space at two divisions of the VA Pittsburgh Healthcare System to accommodate services displaced by the proposed closure of the third division. While this is a high cost change, with construction estimated at approximately $92 million, it is projected to pay for itself in less than six years through cost avoidance. It also provides an opportunity to enhance services with those saved costs including a new environment for the delivery of behavioral health services and greatly improved access to University Drive with the addition of above ground parking. The construction plan includes space to accommodate the collaboration with Veterans Benefits to collocate Pittsburgh VA Regional Office at the medical center. Other collaborations could not be accommodated, since neither Altoona nor Erie have excess land to offer for the use of the National Cemeteries.

Four new community based outpatient clinics (CBOC's) are included in the market plan. The proposed locations were selected with stakeholder input. The veterans in Fayette and Monongalia Counties are particularly eager to have VA care available in their communities. While VISN 4 meets overall access standards, these two counties individually fall below the CARES criteria for primary care access. Provision of mental health services is a key feature in all planned CBOC's. While this market does not have a primary care planning initiative, these new primary care locations are needed to free space at the parent facilities to accommodate enormous projected increases in specialty care. Any specialty care that still cannot be accommodated at the parent facilities will be accomplished through contracting or leased space.

Projected demand for increased inpatient medicine capacity results in increases in the near term at Pittsburgh and slight declines in three other western facilities, while Clarksburg's medicine demand remained fairly stable. Three facilities, Altoona, Butler and Erie, were asked to review 'small facility' alternatives for acute care beds as a result of the projections. The western market of VISN 4 has accomplished significant efficiency through its alignment into a 'hub and spoke' configuration. Generally, the four spoke facilities provide less complex medical admissions locally and refer the more complex, tertiary medical care to the Pittsburgh hub. Those veterans with more complex care needs who cannot be transported safely are referred to community facilities under contract. This

arrangement has allowed the spoke facilities to right size their medicine bed capacity and to retain more heavily demanded acute medical services of demonstrated high quality. To eliminate medicine beds completely from those facilities has been found to provide minimal benefit while potentially decreasing veteran access and satisfaction. The overall cost to the market was found to be $13 million lower through maintenance of a small number of beds providing limited services in each facility. This information is detailed in later narratives.

Surgical bed demand is projected to decline, but at a lower volume than the projected inpatient medicine increase. This allows a simple solution of conversion of some surgical beds to medicine to accommodate a portion of that growth.

Data analysis and discussion with surrounding VISN's found that similar numbers of veterans go from VISN 4 to other networks as come to VISN 4 from those same networks, resulting in minimal net shift in workload. No change in these patterns is planned.

## 2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

**Access Narrative:**

CBOC's were added to assist with the Primary Care capacity gap in the east and west markets.

| Service Type | Baseline FY 2001 | | Proposed FY 2012 | | Proposed FY 2022 | |
|---|---|---|---|---|---|---|
| | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines | % of enrollees within Guidelines | # of enrollees outside access Guidelines |
| **Primary Care** | **72%** | 49,454 | **75%** | 35,191 | **75%** | 27,657 |
| **Hospital Care** | **83%** | 30,025 | **83%** | 23,930 | **83%** | 18,806 |
| **Tertiary Care** | **100%** | - | **100%** | - | **100%** | - |

**Guidelines:**

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

## 3. Facility Level Information – Altoona

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

PIs presented to stakeholders and input requested at various stages of the process. Recommended alternatives and rationale presented to Network Director who presented a synopsis of information to stakeholders. There are 4 alternatives for acute care for Altoona, as follows: a) retain acute care beds; b) close acute beds and reallocate workload to VAPHS; c) close acute beds and implement community contracts; d) combination of b & c. The preferred option is Alternative A-retain acute beds. Altoona is a primary care and LTC facility, accredited by JCAHO (score of 96 in 11/02). Inpatient capacity is 28 medical beds (all on one floor), and 4 ICU beds. In FY02, there were 1325 medicine episodes generating 7879 BDOCs. Highest volume DRGs were COPD,

pneumonia, heart failure, chest pain, and alcohol/drug abuse. Retaining acute beds will continue provision of high quality, veteran-focused care, ensure continuity and coordination of care by one provider, provide acute care for NHCU and State Home veterans, maintain veteran/family satisfaction, and provide local access to health care. VAPHS is approximately 100 miles from Altoona. Veterans in many areas of our PSA would have in excess of 2 hours driving time in difficult and unpredictable inclement winter weather. Altoona has consistently maintained high performance in CPGs, PI, and ORYX measures. Veteran satisfaction scores exceeded both VISN and National scores in every category in FY02. The condition of the facility is exceptional. There are no safety code deficiencies. Closure of acute care beds would not free sufficient resources for alternative ventures as acute care comprises only 8.2% of the total medical center square footage. The cost per medicine BDOC is $1120 (lower than National) compared to $1676 for VAPHS and $1088 for community care. These costs do not account for additional costs that would be incurred for ambulance trips, especially to VAPHS, and for case management and contracting administration for community hospitalization associated with Alternatives B, C, and D. A net present value (NPV) analysis on acute medicine was performed on Alternatives A and D. Alternative A shows (7,096,282) NPV for the Western Market; Alternative D shows (20,493,419), indicating a greater cost efficiency will be achieved by maintaining acute beds at Altoona, Butler and Erie. The transfer of all inpatient care to VAPHS will: decrease continuity/coordination of care; compromise healing due to decreased access to family, visitors, personal clergy, and other support systems; promote episodic care; increase morbidity/mortality of patients due to delay in treatment and travel time; and cause dissatisfaction among veterans and families. The shift to the local community will: decrease continuity/coordination of care; create a loss of control of VA standards; create an incomplete electronic medical record; limit care due to budget constraints; and promote episodic care. Both alternatives would have a negative impact on recruitment/retention of clinical staff. The cost of acute care in the community is insignificantly less (2.99%) and could be potentially higher with the inherent inability to forecast and control future costs. Closure of the acute care unit would cause the allied health affiliations to be lost. Altoona could not maintain its status as a secondary receiving site for DoD and other emergency management initiatives. Veteran/family and VSO dissatisfaction would be extremely high. The present process of providing acute care at Altoona, referring tertiary care to VAPHS, and emergent care to local community provides veteran-focused quality care by high quality providers in a cost effective manner.

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

While we concur with the need for a National Cemetery in this area of Pennsylvania, the VA Medical Center grounds are not conducive to this use. The total grounds consist of only 23 acres and have a total of 12 buildings situated on various parcels of that acreage. In addition, The Wall That Heals, a ½ scale replica of the Vietnam Veterans Memorial, which was donated to the VA Medical Center by the Altoona community, has been permanently installed on the front lawn. Since the space and function survey was updated, there have been expansions to the employee parking area in order to free parking areas closer to the building for patient parking. A planned ambulatory care addition that is due to begin construction in FY 2003 will also require additional parking.

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

## Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | 4,174 | (1,139) | 4,174 | (1,139) | 75 | - | - | - | - | - | 4,099 | $ (5,493) |
| Surgery | 31 | (97) | 31 | (97) | 31 | - | - | - | - | - | - | $ 117,506 |
| Intermediate/NHCU | 13,875 | - | 13,875 | - | - | - | - | - | - | - | 13,875 | $ - |
| Psychiatry | 1,568 | 1,121 | 1,568 | 1,121 | 63 | - | 1,505 | - | - | - | - | $ 14,764,244 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **19,647** | **(116)** | **19,648** | **(115)** | **169** | **-** | **1,505** | **-** | **-** | **-** | **17,974** | **$ 14,876,257** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | 52,343 | (13,233) | 52,344 | (13,232) | - | - | - | - | - | - | 52,344 | $ (5,454,643) |
| Specialty Care | 54,632 | 21,973 | 54,633 | 21,974 | 6,000 | - | 8,294 | - | - | - | 40,339 | $ 10,954,265 |
| Mental Health | 10,419 | 111 | 10,419 | 111 | 4,356 | - | - | - | - | - | 6,063 | $ 208,590 |
| Ancillary & Diagnostics | 63,091 | (7,842) | 63,091 | (7,842) | 21,400 | - | 1,794 | - | - | - | 39,897 | $ (4,004,472) |
| **Total** | **180,484** | **1,009** | **180,487** | **1,011** | **31,756** | **-** | **10,088** | **-** | **-** | **-** | **138,643** | **$ 1,703,740** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 10,104 | (10,346) | 10,125 | (10,325) | 20,450 | - | - | - | - | - | 20,450 | 10,325 |
| Surgery | 40 | 40 | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | 22,066 | - | 22,066 | - | 22,066 | - | - | - | - | - | 22,066 | - |
| Psychiatry | 2,439 | 2,439 | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **34,648** | **(7,868)** | **32,191** | **(10,325)** | **42,516** | **-** | **-** | **-** | **-** | **-** | **42,516** | **10,325** |

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 25,125 | 7,942 | 26,172 | 8,989 | 17,183 | - | - | - | 14,500 | - | 31,683 | 5,511 |
| Specialty Care | 83,834 | 57,619 | 66,559 | 40,344 | 26,215 | 8,498 | - | - | 16,200 | - | 50,913 | (15,646) |
| Mental Health | 6,313 | 1,983 | 5,032 | 702 | 4,330 | - | - | - | - | - | 4,330 | (702) |
| Ancillary and Diagnostics | 37,956 | 20,003 | 25,534 | 7,581 | 17,953 | 2,437 | - | - | - | - | 20,390 | (5,144) |
| **Total** | **153,228** | **87,547** | **123,297** | **57,616** | **65,681** | **10,935** | **-** | **-** | **30,700** | **-** | **107,316** | **(15,981)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | 142,786 | 60,176 | 82,610 | - | 82,610 | - | - | - | - | - | 82,610 | - |
| Other | 16,089 | - | 16,089 | - | 16,089 | - | - | - | - | - | 16,089 | - |
| **Total** | **158,875** | **60,176** | **98,699** | **-** | **98,699** | **-** | **-** | **-** | **-** | **-** | **98,699** | **-** |

## 4. Facility Level Information – Butler

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

As part of its primary care mission, the VAMC, Butler, PA, operates a 7 bed acute care unit that treated 398 medical patients and 171 observation patients in FY2002. Patients are referred to VAPHS and Butler Memorial Hospital (BMH) for surgery and secondary tertiary care. Planning for the small facility study was accomplished through the VISN 4, Western Market Workgroup that includes representation from each medical center (director and planner), the VISN, labor, affiliations and various stakeholder groups. The group outlined and studied the following alternatives:Alternative 1: Retain acute beds at VAMC, Butler, PAAlternative 2: Close acute beds and reallocate workload to VAPHSAlternative 3: Close acute beds and implement contracting for workload in the community.Alternative 4: Close acute beds and reallocate workload to VAPHS

and implement contracting for some workload in the community (combination option).The preferred option is to retain the beds at the facility (Alternative 1) as this option optimizes quality of care, access and resource use. The facility has consistently maintained high performance in the clinical practice guidelines and prevention index and frequently has exceeded exceptional targets for the VISN and Nation. Appropriateness of admissions and continued stays are reviewed regularly with Interqual criteria; and results have shown 85% and 84% compliance respectively in FY2002. The most recent JCAHO HAP survey (10/02) resulted in a score of 95. Patient satisfaction is the 3rd highest in the VISN as measured by SHEP. Quality of care and patient satisfaction are further enhanced by the primary care concept whereby primary care providers follow and care for their patients throughout the entire continuum of care at VAMC, Butler. This has assured and improved coordination and continuity of care. No sentinel events occurred in the acute care unit from FY2002 to date. Preliminary reports from the OIG CAP survey (11/02) were very favorable and did not have any recommendations for acute care on exit interview (official report not yet received). The acute unit is a necessary support for other mission critical services in the medical center such as the urgent care/ER section and the chronic ventilator program in the VA nursing home, which may have to be discontinued if acute beds are closed.The geographic location of the facility in the primary service area provides access within one hour or less for veterans who reside in the five county area. Travel time to VAPHS will double. The travel itself can be dangerous, and sometimes impossible, for the frail and elderly at night or during the winter which can lead to delays in treatment.The cost per medicine bed day of care for VAMC, Butler, PA is $1180 compared to $1676 for VAPHS and $1088 for community care. These costs do not account for the additional costs that would be incurred for additional ambulance trips, especially to VAPHS, and for case management and contracting administration for community hospitalization associated with the other alternatives. A net present value (NPV) analysis has been performed on two of the alternatives (1 and 4) for the western market.. The NPV for Alternative 1 is -$7,096,282 and for Alternative 4 it is -$20,495,419. From a market perspective, Alternative 1 is more cost-effective. It also provides the best environment for implementing pharmacy best practices.The acute care unit has just been remodeled (02/03) and provides a safe and up to date setting for care. The unit uses only 0.5% of the facility's space, and has no potential for leasing because of its location.Consideration of the other alternatives (2,,3 & 4) would negatively affect the following aspects of care: patient/provider relations, single provider care, patient/family satisfaction, complete electronic medical record, continuity/coordination of care, staff competency, cost control, DOD backup and continuation of other services.

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

**Top Enhanced Use Market Opportunity**

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

The VAMC, Butler, PA, has and will continue to pursue opportunities for partnering and enhanced use agreements. In the last several years, vacant space at the medical has provided "homes" for several agencies/organizations with social, health and educational missions, such as the United Way, Lifesteps, Telegivers, Intermediate Middle School Unit and others that complement the mission of the medical center. In 1997, a grant application process began with community partners to provide a transitional residential environment for homeless persons.

The result, a McKinney Grant application, involved the Butler VAMC, Butler County Housing Authority and Butler County Catholic Charities (the designated county homeless service provider) as partners in a project to renovate a BVAMC building into a ten (10) single occupancy room, transitional living program known as Deshon Place. This program provides case management and 24 hour day staff coverage to adult clients who continue to receive outpatient care. The program opened in November 2001; and until March 2003, approximately 60% of the individuals admitted to the program were veterans.

A significant enhanced use project, that is still in process, is the proposal for the county of Butler to construct and operate a sixteen-bed intermediate psychiatric facility on the campus of the medical center. The project is approaching the end of the approval process. When completed, veterans will have access (at no cost) to these services that currently can only be obtained outside of the county in Pittsburgh.

Three other projects are in very preliminary stages of discussion and are progressing. One is to provide administrative space for up to 35 DOD personnel on the campus in existing space that will be vacated with the implementation of the facility's space management plan. Another project that will be a significant joint venture involves Butler Memorial Hospital (BMH). BMH is evaluating sites for expansion of diagnostic services. In return for a land lease, BMH will provide services for veterans. This project can be vital in assisting the medical center meet the large growth projected in specialty care. The third project will support Affordable Independent Living with Comprehensive Wrap-Around Services (assisted living) in an apartment setting on the VAMC campus for veterans and non-veterans and spouses. This project would be accomplished through the county of Butler, a private non-profit organization and the VA. If the

projects with BMH and the county (for assisted living) are approved, both will include demolition of unused, uninhabitable vacant space at no cost to the Government. This will positively affect the vacant space planning initiative for the medical center.

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | 2,695 | 29 | 2,695 | 29 | 350 | - | - | - | - | - | 2,345 | $ (216,055) |
| Surgery | 40 | (114) | 40 | (114) | 40 | - | - | - | - | - | - | $ 7,481 |
| Intermediate/NHCU | 31,011 | - | 31,011 | - | 3,102 | - | - | - | - | - | 27,909 | $ - |
| Psychiatry | 220 | 109 | 220 | 109 | - | - | 220 | - | - | - | - | $ 1,860,478 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | 17,877 | - | 17,877 | - | - | - | - | - | - | - | 17,877 | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **51,843** | **24** | **51,843** | **24** | **3,492** | **-** | **220** | **-** | **-** | **-** | **48,131** | **$ 1,651,904** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | 48,835 | 1,535 | 48,836 | 1,535 | 5,552 | - | 5,096 | - | - | - | 38,188 | $ 17,883,564 |
| Specialty Care | 56,637 | 33,264 | 56,638 | 33,264 | 566 | 5,834 | 2,832 | - | - | - | 47,406 | $ 9,680,275 |
| Mental Health | 24,271 | 587 | 24,271 | 587 | 729 | - | 1,264 | - | - | - | 22,278 | $ 1,088,626 |
| Ancillary & Diagnostics | 66,030 | 17,856 | 66,031 | 17,857 | 2,500 | - | 1,717 | - | - | - | 61,814 | $ 1,703,968 |
| **Total** | **195,774** | **53,241** | **195,776** | **53,243** | **9,347** | **5,834** | **10,909** | **-** | **-** | **-** | **169,686** | **$ 30,356,433** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 4,821 | 1,330 | 4,878 | 1,387 | 3,491 | 1,780 | - | - | - | - | 5,271 | 393 |
| Surgery | 3 | 3 | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | 47,006 | - | 47,004 | (2) | 47,006 | - | - | - | - | - | 47,006 | 2 |
| Psychiatry | 146 | 146 | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | 35,974 | - | 35,974 | - | 35,974 | - | - | - | - | - | 35,974 | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **87,950** | **1,479** | **87,856** | **1,385** | **86,471** | **1,780** | **-** | **-** | **-** | **-** | **88,251** | **395** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 24,174 | 6,196 | 19,094 | 1,116 | 17,978 | - | - | - | - | - | 17,978 | (1,116) |
| Specialty Care | 69,937 | 49,143 | 59,732 | 38,938 | 20,794 | - | - | - | - | 28,000 | 48,794 | (10,938) |
| Mental Health | 15,067 | 4,930 | 14,258 | 4,121 | 10,137 | - | - | - | 1,300 | - | 11,437 | (2,821) |
| Ancillary and Diagnostics | 49,682 | 13,084 | 46,979 | 10,381 | 36,598 | - | - | - | - | - | 36,598 | (10,381) |
| **Total** | **158,860** | **73,353** | **140,063** | **54,556** | **85,507** | **-** | **-** | **-** | **1,300** | **28,000** | **114,807** | **(25,256)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | 224,597 | 68,288 | 156,309 | - | 156,309 | - | - | - | - | - | 156,309 | - |
| Other | 27,941 | - | 27,941 | - | 27,941 | - | - | - | - | - | 27,941 | - |
| **Total** | **252,538** | **68,288** | **184,250** | **-** | **184,250** | **-** | **-** | **-** | **-** | **-** | **184,250** | **-** |

## 5. Facility Level Information – Clarksburg

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

**Top Enhanced Use Market Opportunity**

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Medicine | 7,307 | (2,394) | 7,308 | (2,393) | 200 | - | - | - | - | - | 7,108 | $ | (698,023) |
| Surgery | 647 | (924) | 647 | (924) | 13 | - | - | - | - | - | 634 | $ | (44,645) |
| Intermediate/NHCU | 18,247 | - | 18,247 | - | 16,970 | - | - | - | - | - | 1,277 | $ | (1,910,518) |
| Psychiatry | 7,450 | 456 | 7,450 | 456 | 170 | - | - | - | - | - | 7,280 | $ | (1,720,160) |
| PRRTP | 492 | - | 492 | - | - | - | - | - | - | - | 492 | $ | - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ | - |
| **Total** | **34,143** | **(2,862)** | **34,144** | **(2,861)** | **17,353** | **-** | **-** | **-** | **-** | **-** | **16,791** | **$** | **(4,373,346)** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** | |
| Primary Care | 60,418 | (12,347) | 60,419 | (12,346) | 821 | - | 500 | - | - | - | 59,098 | $ | (2,626,755) |
| Specialty Care | 62,716 | (7,584) | 62,716 | (7,584) | 36,000 | - | - | - | - | - | 26,716 | $ | (2,217,530) |
| Mental Health | 18,747 | (65) | 18,747 | (65) | 377 | - | 100 | - | - | - | 18,270 | $ | 124,738 |
| Ancillary & Diagnostics | 78,337 | (9,314) | 78,337 | (9,314) | 21,000 | - | - | - | - | - | 57,337 | $ | (6,123,826) |
| **Total** | **220,218** | **(29,310)** | **220,219** | **(29,309)** | **58,198** | **-** | **600** | **-** | **-** | **-** | **161,421** | **$** | **(10,843,373)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 15,201 | 2,522 | 14,785 | 2,106 | 12,679 | - | - | - | - | - | 12,679 | (2,106) |
| Surgery | 1,508 | (1,553) | 1,477 | (1,584) | 3,061 | - | - | - | - | - | 3,061 | 1,584 |
| Intermediate Care/NHCU | 16,229 | - | 31,329 | 15,100 | 16,229 | 15,100 | - | - | - | - | 31,329 | - |
| Psychiatry | 12,069 | 7,438 | 11,794 | 7,163 | 4,631 | - | - | - | 7,140 | - | 11,771 | (23) |
| PRRTP | 15,365 | - | 15,365 | - | 15,365 | - | - | - | - | - | 15,365 | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **60,371** | **8,406** | **74,750** | **22,785** | **51,965** | **15,100** | **-** | **-** | **7,140** | **-** | **74,205** | **(545)** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 29,907 | 16,754 | 29,549 | 16,396 | 13,153 | - | - | - | 11,300 | - | 24,453 | (5,096) |
| Specialty Care | 68,298 | 46,001 | 29,388 | 7,091 | 22,297 | - | - | - | - | - | 22,297 | (7,091) |
| Mental Health | 10,105 | (719) | 10,048 | (776) | 10,824 | - | - | - | - | - | 10,824 | 776 |
| Ancillary and Diagnostics | 49,634 | 21,932 | 36,696 | 8,994 | 27,702 | - | - | - | - | - | 27,702 | (8,994) |
| **Total** | **157,944** | **83,968** | **105,681** | **31,705** | **73,976** | **-** | **-** | **-** | **11,300** | **-** | **85,276** | **(20,405)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | 155,004 | 65,024 | 89,980 | - | 89,980 | - | - | - | - | - | 89,980 | - |
| Other | 14,133 | - | 14,133 | - | 14,133 | - | - | - | - | - | 14,133 | - |
| **Total** | **169,137** | **65,024** | **104,113** | **-** | **104,113** | **-** | **-** | **-** | **-** | **-** | **104,113** | **-** |

## 6. Facility Level Information – Erie

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

PI's were presented to all stakeholders and their input was requested at many stages. A market group was formed with facility staff, VISN, affiliates, VSO's and labor.A detailed data analysis was conducted. The recommended option, alternatives and rationale were presented to 10N4 and then the stakeholders and unanimous agreement was reached. The available options for acute care are:1)Retain acute beds; 2)Close beds and reallocate workload to VAPHS;3)Close beds and implement community contracting;4)Combination of 2&3. The preferred option is Alternative 1.Erie has 35 med/surg/ICU beds & a 52-bed NHCU.In FY02,Erie had 1137 episodes in acute med/surg/ICU and 286 episodes in observation.The highest med DRG's are COPD, pneumonia, and CHF.Tertiary care is provided by VAPHS hub.Erie has partnerships for the delivery of

emergent inpatient care and outpatient specialty care with local providers.Inpatient med/surg care has been co-located for over 5 years.Erie performs ~90% of surg care in the outpatient setting.Acute beds will continue to be right-sized with a new ICU next to acute care.Retaining acute beds will provide local high quality veteran focused care;ensure continuity of care,provide acute care treatment for NHCU & State Home veterans,& maintain veteran satisfaction.VAPHS is approximately 120 miles from Erie with 21% of enrolled vets being forced to travel more than 120 miles.Veterans in McKean county travel up 180 miles to VAPHS.Travel is unpredictable during the months of November to April due to severe winter weather.Erie has maintained high performance in CPG's, PI,&ORYX measures.The last JCAHO HAP survey (10/02) resulted in a 94.Erie received the 1998 Robert W. Carey Quality Award in Health Care and the Trophy Award in 2000.Erie provides urology services via a local contract and will have orthopedics soon.The quality and quantity of urology services has significantly increased,and the same is expected in orthopedics.Erie has recently renovated the acute care unit, NHCU,ambulatory surgery suite and clinics.There are no safety code issues.Equipment is in good repair and appropriate for the scope of service provided.The cost/med BDOC for Erie is $1471,$1676 for VAPHS and $1060 for community.These do not include costs for more ambulance trips,especially to VAPHS,and for case management and contracting administration for community stays associated with Alternatives 2,3and4. The net present value (NPV) analysis on acute med{western market}for:Alt1)Retain beds is (-$7,096,282) and for Alt4)Combination is (-$20,495,419). NPV for surgical care at Erie is (-$53,033) for Alt1 & (+$4,897,420) for Alt4.For the market,all three small facilities should retain beds because of the significant cost that VAPHS would incur in accommodating the workload.The transfer of all inpatient care to VAPHS will:decrease continuity of care;compromise healing;promote episodic care; increase morbidity/mortality of patients due to delay in treatment and travel time required;& would cause dissatisfaction.The shift to the local community will:decrease continuity/coordination of care;create a loss of control of VA standards;create an incomplete electronic medical record;limit care due to budget constraints & promote episodic care. Overall,the cost of acute care in the community is higher with an inherent inability to forecast and control future costs.Closure of the acute care unit will eliminate the Lake Erie College of Osteopathic Medicine affiliation.Erie could not maintain its status as a secondary receiving site for DoD.Erie would lose highly qualified internists thus affecting overall quality of care.Veteran/family and VSO's dissatisfaction would be extremely high and difficult to overcome. The present situation of providing acute care services at Erie,referring tertiary care to VAPHS and emergent care to the local community provides the patient with veteran focused quality care in a timely fashion from high quality providers in a cost effective manner.

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

The Erie VA Medical Center was asked to consider opportunities to collaborate with NCA. There is not sufficient land in Erie to make this a viable option

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | 3,868 | (185) | 3,868 | (185) | 282 | - | - | - | - | - | 3,586 | $ 83,702 |
| Surgery | 369 | (1,246) | 369 | (1,246) | 27 | - | - | - | - | - | 342 | $ (53,033) |
| Intermediate/NHCU | 18,604 | - | 18,604 | - | 5,768 | - | - | - | - | - | 12,836 | $ - |
| Psychiatry | 40 | (31) | 41 | (30) | - | - | 41 | - | - | - | - | $ 342,989 |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **22,880** | **(1,463)** | **22,882** | **(1,461)** | **6,077** | **-** | **41** | **-** | **-** | **-** | **16,764** | **$ 373,658** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | 43,179 | (11,593) | 43,179 | (11,593) | 1,314 | - | 6,822 | - | - | - | 35,043 | $ 6,284,812 |
| Specialty Care | 50,268 | 14,962 | 50,269 | 14,963 | 9,048 | - | - | - | - | - | 41,221 | $ (7,247,791) |
| Mental Health | 13,621 | 234 | 13,621 | 234 | 200 | - | - | - | - | - | 13,421 | $ (327,582) |
| Ancillary & Diagnostics | 58,321 | (5,728) | 58,321 | (5,728) | 26,250 | - | 2,544 | - | - | - | 29,527 | $ (12,934,219) |
| **Total** | **165,389** | **(2,125)** | **165,390** | **(2,124)** | **36,812** | **-** | **9,366** | **-** | **-** | **-** | **119,212** | **$ (14,224,780)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 11,223 | (1,626) | 11,188 | (1,661) | 12,849 | - | - | - | - | - | 12,849 | 1,661 |
| Surgery | 673 | (3,087) | 855 | (2,905) | 3,760 | - | - | - | - | - | 3,760 | 2,905 |
| Intermediate Care/NHCU | 26,450 | - | 26,448 | (2) | 26,450 | - | - | - | - | - | 26,450 | 2 |
| Psychiatry | 25 | 25 | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **38,372** | **(4,687)** | **38,491** | **(4,568)** | **43,059** | **-** | **-** | **-** | **-** | **-** | **43,059** | **4,568** |
| | **Space (GSF) (from demand projections)** | | **Space (GSF) proposed by Market Plan** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 23,183 | 4,667 | 20,675 | 2,159 | 18,516 | - | - | - | 13,252 | - | 31,768 | 11,093 |
| Specialty Care | 75,479 | 52,132 | 68,015 | 44,668 | 23,347 | 6,046 | 1,998 | - | 26,500 | - | 57,891 | (10,124) |
| Mental Health | 10,062 | 5,489 | 11,139 | 6,566 | 4,573 | - | 5,474 | - | - | - | 10,047 | (1,092) |
| Ancillary and Diagnostics | 36,206 | 21,868 | 18,897 | 4,559 | 14,338 | - | - | - | - | - | 14,338 | (4,559) |
| **Total** | **144,929** | **84,155** | **118,726** | **57,952** | **60,774** | **6,046** | **7,472** | **-** | **39,752** | **-** | **114,044** | **(4,682)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | 159,472 | 69,520 | 89,952 | - | 89,952 | - | - | - | - | - | 89,952 | - |
| Other | 8,274 | - | 8,274 | - | 8,274 | - | - | - | - | - | 8,274 | - |
| **Total** | **167,746** | **69,520** | **98,226** | **-** | **98,226** | **-** | **-** | **-** | **-** | **-** | **98,226** | **-** |

## 7. Facility Level Information – Farrell (Mercer County)

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | $ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | - | - | - | - | - | - | - | 1,748 | - | - | 1,748 | $ (5,050,777) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Mental Health | - | - | - | - | 360 | - | - | 360 | - | - | - | $ (754,305) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **360** | **-** | **-** | **2,108** | **-** | **-** | **1,748** | **$ (5,805,082)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | - | - | 874 | 874 | - | - | - | - | 1,000 | - | 1,000 | 126 |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **874** | **874** | **-** | **-** | **-** | **-** | **1,000** | **-** | **1,000** | **126** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

## 8. Facility Level Information – Franklin

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

**Top Enhanced Use Market Opportunity**

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | $ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | - | - | - | - | - | - | - | 4,430 | - | - | 4,430 | $ (11,297,000) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Mental Health | - | - | - | - | - | - | - | 947 | - | - | 947 | $ (1,477,490) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **5,377** | **-** | **-** | **5,377** | **$ (12,774,490)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | - | - | 2,215 | 2,215 | - | - | - | - | 2,402 | - | 2,402 | 187 |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | 606 | 606 | - | - | - | - | 475 | - | 475 | (131) |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **2,821** | **2,821** | **-** | **-** | **-** | **-** | **2,877** | **-** | **2,877** | **56** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

## 9. Facility Level Information – Morgantown

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

**Top Enhanced Use Market Opportunity**

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | $ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | - | - | - | - | 500 | - | - | 500 | - | - | - | $ (948,946) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Mental Health | - | - | - | - | 100 | - | - | 100 | - | - | - | $ (156,610) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **600** | **-** | **-** | **600** | **-** | **-** | **-** | **$ (1,105,556)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

## 10. Facility Level Information – New Castle

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

**Top Enhanced Use Market Opportunity**

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | $ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | - | - | - | - | - | - | - | 1,491 | - | - | 1,491 | $ (4,316,379) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Mental Health | - | - | - | - | - | - | - | 317 | - | - | 317 | $ (546,923) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **1,808** | **-** | **-** | **1,808** | **$ (4,863,302)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | - | - | 746 | 746 | - | - | - | - | 840 | - | 840 | 94 |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | 203 | 203 | - | - | - | - | 155 | - | 155 | (48) |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **949** | **949** | **-** | **-** | **-** | **-** | **995** | **-** | **995** | **46** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

## 11. Facility Level Information – Pittsburgh

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

The proximity planning initiative requested a review of the need for three facilities in near proximity of about five miles in Pittsburgh. Two of three possible alternatives were reviewed. The third, maintaining all facilities while integrating services, was accomplished among these facilities in 1996 when they became the VA Pittsburgh Healthcare System. Integration into two facilities with major construction to accommodate displaced services and maintenance of three facilities were the options reviewed.

Integration with construction is the alternative recommended. Over 500,000 square feet of new space must be added to the two remaining divisions to fit all essential services. The cost of constructing the needed space is estimated at over $90 million including 900 above ground parking spaces, which is essential to the implementation of this plan since parking at University Drive is grossly inadequate for even the current volume of services provided, creating long traffic back ups on area streets as veterans wait to park. The construction estimate includes replacement space for outpatient mental health clinics, inpatient psychiatry, primary care clinics, domiciliary programs, laundry, medical records, administrative functions including HR and business services, and clinical education, which are now housed at Highland Drive. It also adds space for the projected increases in demand in specialty care, medicine, research, and ancillary care as well as the proposed collocation of VBA.

The major reason for the selection of the first alternative is to reduce the cost of maintaining a sprawling 50-year-old campus style facility along with the cost of redundancies inherent in running three separate locations.

Quality of service delivery is essentially the same between the two options, since only the location of care delivery will change.

The plan includes the addition of sufficient space to assure no negative impact on health care need.

Safety and environment are clearly enhanced by adding new space and eliminating the need to maintain a large portion of aging infrastructure.

The inclusion of above ground parking in the construction plan for University Drive assures that Access is improved. This addition is also a positive one for the surrounding community, where residents are inconvenienced by the current traffic tie-ups.

Research and academic affairs benefit by consolidation of behavioral health care and on site research space adjacent to the affiliate institution.

Staffing efficiency is realized through elimination of redundancies.

Support to other missions will continue. However, additional new space will be needed if collaborative arrangements with VBA and DoD are to be pursued.

The use of resources in-house is the most significant factor in this recommendation. The construction cost will be recouped in less than six years, with an estimated cost avoidance of $15 million per year in reduced overhead and elimination of redundant staffing. A full breakdown of the pay off for the construction is included in the material on the CARES Portal. Freeing scarce resources from the maintenance of aging capital assets will support tremendous enhancements to the delivery of services to veterans for years to come.

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

VA Pittsburgh Healthcare System was asked to review opportunities to consolidate the services of Pittsburgh's VA Regional Office into medical center facilities. This plan is considered highly feasible since VA Pittsburgh currently has sufficient vacant space to accommodate VBA and can also plan to include them in construction for the proposed consolidation.VBA currently pays monthly rent in excess of $90,000 and reports planned increases in that rent. Co-location with the healthcare system allows veterans to visit one location for both types of service. Shifting saved rental resources into direct services to veterans can positively impact quality of care delivery. Safety is maintained in all scenarios. There is no impact to research and affiliation. Funds saved from rental can hire direct provider staff.

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

The property at Aspinwall (Heinz Division) was desirable only if sold in its entirety. This is not feasible since the building for patient care is new. Plans to consolidate Pittsburgh into 2 sites include additional construction on this property.

## Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | 32,344 | 12,090 | 32,345 | 12,091 | 25 | - | - | - | - | - | 32,320 | $ (6,131,588) |
| Surgery | 14,901 | 22 | 14,902 | 23 | 150 | - | - | - | - | - | 14,752 | $ - |
| Intermediate/NHCU | 253,321 | - | 253,321 | - | 149,460 | - | - | - | - | - | 103,861 | $ - |
| Psychiatry | 41,652 | 1,888 | 41,652 | 1,888 | - | - | - | 1,766 | - | - | 43,418 | $ (33,216,434) |
| PRRTP | 7,232 | - | 7,232 | - | - | - | - | - | - | - | 7,232 | $ (607,947) |
| Domiciliary | 20,927 | - | 20,927 | - | - | - | - | - | - | - | 20,927 | $ (1,252,882) |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **370,377** | **14,000** | **370,379** | **14,002** | **149,635** | **-** | **-** | **1,766** | **-** | **-** | **222,510** | **$ (41,208,851)** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | 170,342 | 40,777 | 170,342 | 40,778 | 44,551 | - | - | - | - | - | 125,791 | $ 23,383,556 |
| Specialty Care | 188,889 | 61,800 | 188,889 | 61,800 | 8,000 | - | - | 11,126 | - | - | 192,015 | $ (62,071,457) |
| Mental Health | 93,515 | 834 | 93,515 | 835 | 2,806 | - | 1,000 | - | - | - | 89,709 | $ (4,203,660) |
| Ancillary & Diagnostics | 245,676 | 82,993 | 245,676 | 82,993 | 10,300 | - | - | 6,055 | - | - | 241,431 | $ (24,298,895) |
| **Total** | **698,421** | **186,405** | **698,422** | **186,405** | **65,657** | **-** | **1,000** | **17,181** | **-** | **-** | **648,946** | **$ (67,190,456)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | 87,419 | 29,341 | 88,234 | 30,156 | 58,078 | - | 15,000 | - | - | - | 73,078 | (15,156) |
| Surgery | 29,653 | (1,751) | 29,652 | (1,752) | 31,404 | - | - | - | - | - | 31,404 | 1,752 |
| Intermediate Care/NHCU | 132,675 | - | 132,674 | (1) | 132,675 | - | - | - | - | - | 132,675 | 1 |
| Psychiatry | 82,887 | 41,562 | 86,402 | 45,077 | 41,325 | - | 90,000 | - | - | - | 131,325 | 44,923 |
| PRRTP | 16,680 | - | 16,680 | - | 16,680 | - | 16,660 | - | - | - | 33,340 | 16,660 |
| Domiciliary program | 34,360 | - | 34,360 | - | 34,360 | - | 34,360 | - | - | - | 68,720 | 34,360 |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **383,675** | **69,153** | **388,002** | **73,480** | **314,522** | **-** | **156,020** | **-** | **-** | **-** | **470,542** | **82,540** |

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | 122,646 | 51,603 | 94,343 | 23,300 | 71,043 | - | 24,000 | - | - | - | 95,043 | 700 |
| Specialty Care | 233,920 | 88,288 | 247,699 | 102,067 | 145,632 | - | 50,000 | - | - | - | 195,632 | (52,067) |
| Mental Health | 49,890 | (30,278) | 49,340 | (30,828) | 80,168 | - | 50,000 | - | - | - | 130,168 | 80,828 |
| Ancillary and Diagnostics | 202,830 | 94,128 | 207,631 | 98,929 | 108,702 | - | 45,000 | - | 5,800 | - | 159,502 | (48,129) |
| **Total** | **609,287** | **203,742** | **599,013** | **193,468** | **405,545** | **-** | **169,000** | **-** | **5,800** | **-** | **580,345** | **(18,668)** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | (105,925) | 201,000 | 95,075 | 105,925 | - | 60,000 | - | - | - | 165,925 | (35,075) |
| Administrative | 647,990 | 161,046 | 486,944 | - | 486,944 | - | 177,500 | - | - | - | 664,444 | 177,500 |
| Other | 104,426 | - | 104,426 | - | 104,426 | - | - | - | - | - | 104,426 | - |
| **Total** | **752,416** | **55,121** | **792,370** | **95,075** | **697,295** | **-** | **237,500** | **-** | **-** | **-** | **934,795** | **142,425** |

## 12. Facility Level Information – Union Town

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

## DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

## VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

## NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

## Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | $ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | - | - | - | - | 8,000 | - | - | 8,000 | - | - | - | $ (9,441,167) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Mental Health | - | - | - | - | 1,000 | - | - | 1,000 | - | - | - | $ (1,602,574) |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **9,000** | **-** | **-** | **9,000** | **-** | **-** | **-** | **$ (11,043,741)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

| | Space (GSF) (from demand projections) | | Space (GSF) proposed by Market Plan | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Primary Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance from 2001** | **Existing GSF** | **Convert Vacant** | **New Construction** | **Donated Space** | **Leased Space** | **Enhanced Use** | **Total Proposed Space** | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |

## 13. Facility Level Information – Warren County

### a. Resolution of VISN Level Planning Initiatives

**Resolution Narrative of Proximity PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**Proximity Narrative:**

No Impact

**Resolution Narrative of Small Facility PI**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

**Small Facility Narrative:**

No Impact

**DOD Collaborative Opportunities**

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**DOD Narrative:**

No Impact

**VBA Collaborative Opportunities**

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**VBA Narrative:**

No Impact

**NCA Collaborative Opportunities**

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**NCA Narrative:**

No Impact

**Top Enhanced Use Market Opportunity**

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

**Enhanced Use Narrative:**

No Impact

**Resolution of VISN Identified PIs**

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

**VISN Identified Planning Initiatives Narrative:**

No Impact

## b. Resolution of Capacity Planning Initiatives

### *Proposed Management of Workload – FY 2012*

| | # BDOCs (from demand projections) | | # BDOCs proposed by Market Plans in VISN | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total BDOCs** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Intermediate/NHCU | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | $ - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Domiciliary | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **$ -** |
| | **Clinic Stops (from demand projections)** | | **Clinic Stops proposed by Market Plans in VISN** | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Total Stops** | **Variance from 2001** | **Contract** | **Joint Ventures** | **Transfer Out** | **Transfer In** | **In Sharing** | **Sell** | **In House** | **Net Present Value** |
| Primary Care | - | - | - | - | - | - | - | 4,519 | - | - | 4,519 | $ (8,151,701) |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | $ - |
| Ancillary & Diagnostics | - | - | - | - | - | - | - | - | - | - | - | $ - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **4,519** | **-** | **-** | **4,519** | **$ (8,151,701)** |

## *Proposed Management of Space – FY 2012*

| | Space (GSF) (from demand projections) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance f 2001** | | | | | | | | **Space Needed/ Moved to Vacant** |
| Medicine | - | - | - | - | - | - | - | - | - | - | - | - |
| Surgery | - | - | - | - | - | - | - | - | - | - | - | - |
| Intermediate Care/NHCU | - | - | - | - | - | - | - | - | - | - | - | - |
| Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - |
| PRRTP | - | - | - | - | - | - | - | - | - | - | - | - |
| Domiciliary program | - | - | - | - | - | - | - | - | - | - | - | - |
| Spinal Cord Injury | - | - | - | - | - | - | - | - | - | - | - | - |
| Blind Rehab | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |
| | **Space (GSF) (from demand projections)** | | | | | | | | | | | |
| **OUTPATIENT CARE** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance f 200** | | | | | | | | **Space Needed/ Moved to Vacant** |
| Primary Care | - | - | 2,666 | 2,666 | - | - | - | - | 2,820 | - | 2,820 | 154 |
| Specialty Care | - | - | - | - | - | - | - | - | - | - | - | - |
| Mental Health | - | - | - | - | - | - | - | - | - | - | - | - |
| Ancillary and Diagnostics | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **2,666** | **2,666** | **-** | **-** | **-** | **-** | **2,820** | **-** | **2,820** | **154** |
| **NON-CLINICAL** | **FY 2012** | **Variance from 2001** | **Space Driver Projection** | **Variance f 200** | | | | | | | | **Space Needed/ Moved to Vacant** |
| Research | - | - | - | - | - | - | - | - | - | - | - | - |
| Administrative | - | - | - | - | - | - | - | - | - | - | - | - |
| Other | - | - | - | - | - | - | - | - | - | - | - | - |
| **Total** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** | **-** |